

Name
in
Full

Louise Booz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|------------------|---------------|-------------------------|---|-----|-------------------------|----------|
| Died at | | Town | | County | | MARYLAND | |
| Bo Alamo House | | P. George | | | | | |
| Date of death | 1906 | Month | 2 | Day | 4 | Age | about 50 |
| Sex | Female | Color or Race | Colored | Birth-place | Md. | | |
| Occupation | Pauper | | | Where Residing if not at place of death | | | |
| Leo Alamo House | | | | | | | |
| Married, Single or Widowed | Widow | | Name of Wife or Husband | | | | |
| Not known | | | Not known | | | | |
| Father's Name | Not known | | | | | Father's Birthplace | |
| Mother's Maiden Name | Not known | | | | | Mother's Birthplace | |
| Name of person giving information | Emmel Allen Supt | | | | | How related to deceased | None |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------|-------------|----------|-------|
| Primary | Tuberculosis | | How long | 2 yrs |
| Immediate | Asthma | | How long | 1 |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | |
| Signature of Physician | | V. L. Perry | | |
| Address | | Hyattsville | | |
| Md. | | | | |
| Accident or Suicide | | | | |



Name
in
Full

Kate (Ellis) Brooks

CERTIFICATE OF DEATH

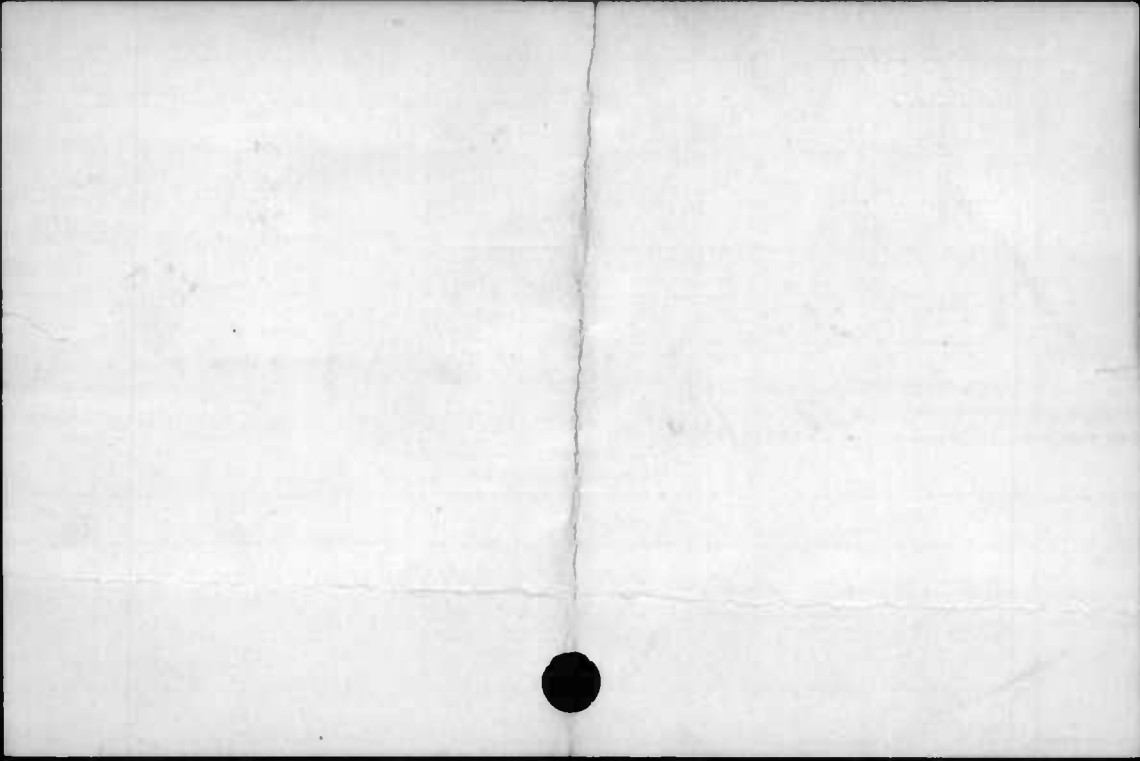
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|-------|---------------------|-------------------------|---|--------------|-------------|------|
| Died at | | Town Hyattsville | | County Pr George | | MARYLAND | |
| Date of death | 1906 | Month Feb | Day 24 | Age | Years One | Months 4 | Days |
| Sex | Male | | Color or Race | Black | | Birth-place | MD |
| Occupation | Child | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name | | | | George Ellis | | | |
| Mother's Maiden Name | | | | Brooks | | | |
| Name of person giving information | | | | Maggie Brooks | | | |
| Father's Birthplace | | | | MD | | | |
| Mother's Birthplace | | | | MD | | | |
| How related to deceased | | | | Grandmother | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------|------------------------|---------------|
| Primary | Severe Cold | How long | 1 week or two |
| Immediate | Pneumonia | How long | 3 or 4 days |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Approximately | | CW Brindley | |
| Address | | Hyattsville | |
| Accident or Suicide? | | MD | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

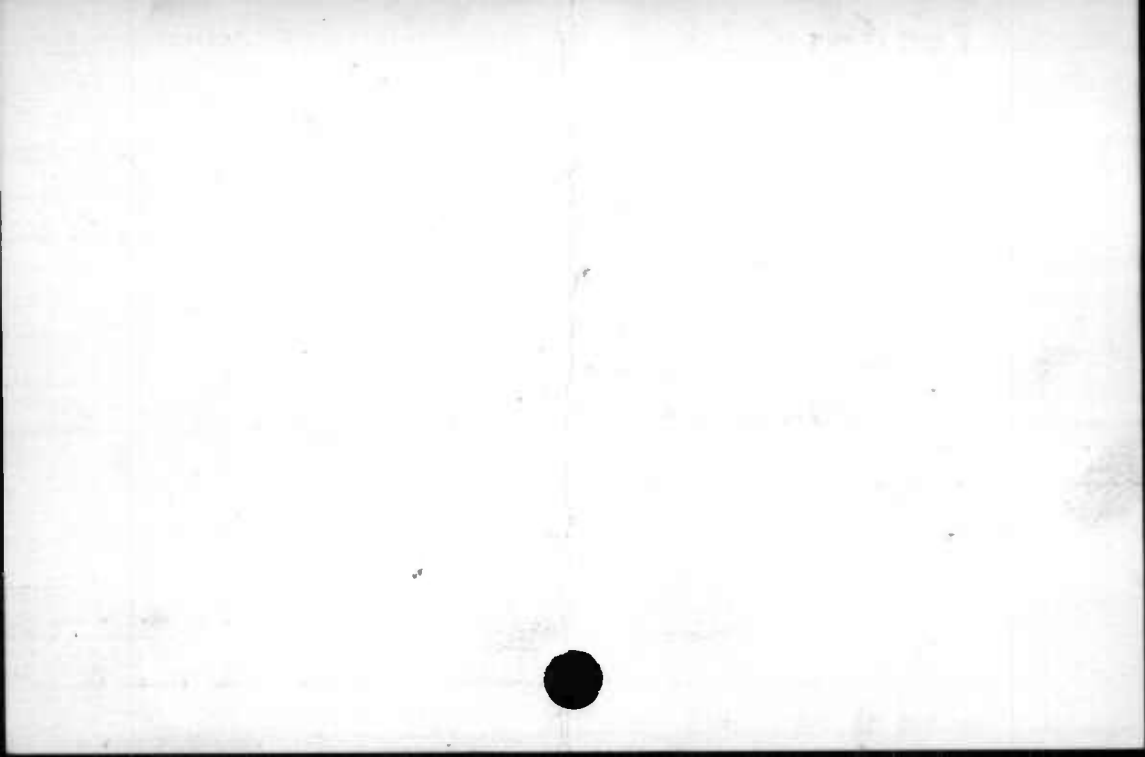
MARYLAND

| | | | | | |
|---|---|------------------|------------------------------------|-------------------|------|
| Died at <u>Rosaryville</u> | | Town <u>P. 9</u> | | County | |
| Date of death <u>1906</u> | Month <u>July</u> | Day <u>16</u> | Years <u>75</u> | Months <u>Mar</u> | Days |
| Sex <u>Male</u> | Color or Race <u>Colored</u> | | Birth-place <u>P. 9 Geo 40 Ind</u> | | |
| Occupation <u>Farmer</u> | Where Residing if not at place of death <u>Home Rosaryville</u> | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Mrs Annie Brown</u> | | | | |
| Father's Name <u>Charles Brown</u> | Father's Birthplace <u>P. 9 Geo</u> | | | | |
| Mother's Maiden Name <u>Annie Garden</u> | Mother's Birthplace <u>P. 9 Geo</u> | | | | |
| Name of person giving information <u>Philip Brown</u> | How related to deceased <u>Son</u> | | | | |

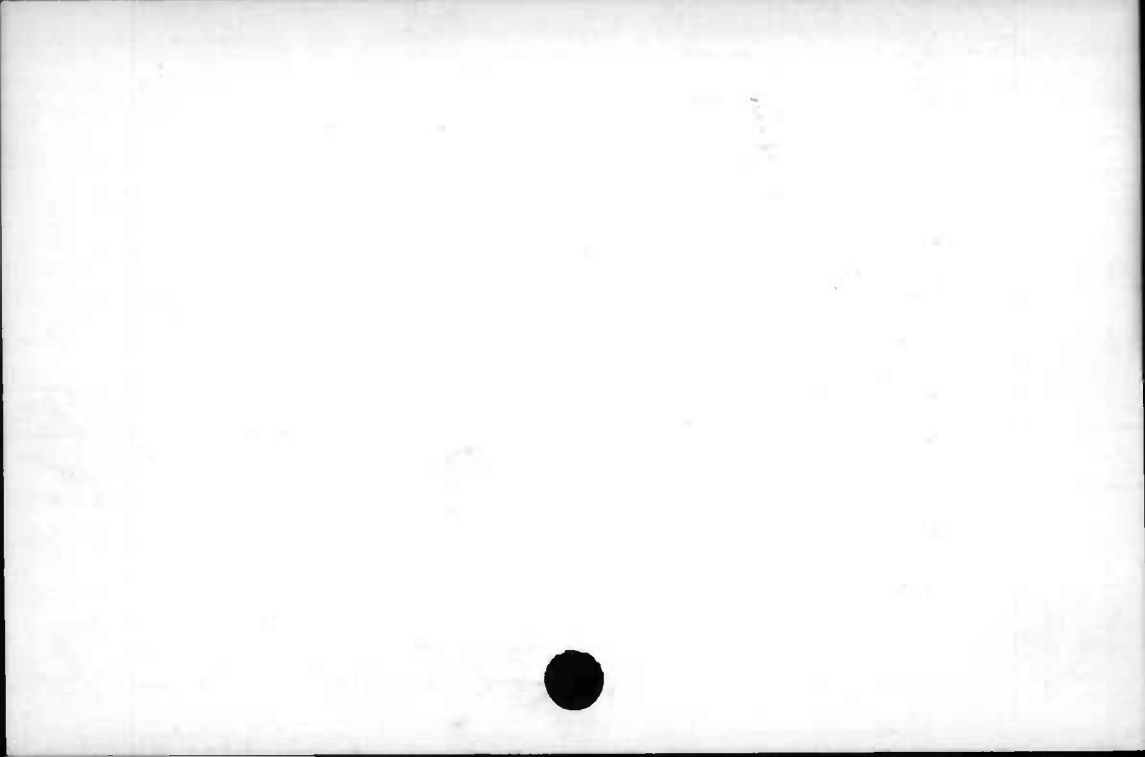
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|---|---|--------------------------|
| Primary <u>Apoplexy</u> | (64) | How long <u>15 hours</u> |
| Immediate | | How long |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>W. H. Gibbons</u> | Address <u>Crown Ind</u> |
| | | |
| Accident or Suicide? | | |



| Name In Full | | Richard Cager. | | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|----------------|---------------|---|--|-------------------------|----------------------|---------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Laurel | | County Dor | | MARYLAND | | |
| | Date of death | 1906 | Month Feb. | Day 9 | Age 68. | Years | Months | Days |
| | Sex | Male | | Color or Race | Black | | Birth-place | Ind |
| | Occupation | Laborer | | | Where Residing if not at place of death Near Laurel | | | |
| | Married, Single or Widowed | Married | | Name of Wife or Husband Annie Cager. | | | | |
| | Father's Name | Unknown | | | | | Father's Birthplace | |
| | Mother's Maiden Name | Unknown | | | | | Mother's Birthplace | |
| Name of person giving information | James Hale | | | | | How related to deceased | None | |
| CAUSES OF DEATH | | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Paralysis | | | | (66) | How long | 3 days. |
| | Immediate | | | | | | | |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | | | | Signature of Physician | J. R. Smith | |
| | | | | | | Address | Laurel | |
| | Accident or Suicide? | | | | | | | |



| | | | | | | | |
|--|--|--------------------------|--|---|--|----------------------|--|
| Name in Full | | William A. Carrick | | | | CERTIFICATE OF DEATH | |
| Died at | | Largo | | P.G. | | County | |
| Date of death | | 1906 | | Month 2 | | Day 9 | |
| Sex | | Male | | Color or Race | | White | |
| Occupation | | None | | Where Residing if not at place of death | | Md | |
| Married, Single or Widowed | | Widower | | Name of Wife | | Rosa Carrick | |
| Father's Name | | Richard Carrick | | Father's Birthplace | | Md | |
| Mother's Maiden Name | | Sarah Hardy | | Mother's Birthplace | | Md | |
| Name of person giving Information | | Carrolla Carrick | | How related to deceased | | Daughter | |
| CAUSES OF DEATH | | | | | | | |
| Primary | | Enlargement of the heart | | How long | | Some time | |
| Immediate | | Exhaustion & Anaemia | | How long | | 1 week | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | John E. Scruby | |
| Address | | Forestville Md | | Accident or Suicide? | | | |

Brevet permit No 32.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|---------------------|---|----------|------|
| Died at <i>Westphalia</i> Town | | <i>P. G.</i> County | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>Feb</i> | Day <i>10</i> | Years <i>88</i> | Months | Days |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>New York</i> | | |
| Occupation <i>Farmer</i> | Where Residing if not at place of death | | | — | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband | | | | |
| Father's Name | | | Father's Birthplace | | |
| Mother's Maiden Name | | | Mother's Birthplace | | |
| Name of person giving information <i>Grace M. Thomas</i> | | | How related to deceased <i>Not at all</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>"Grippe"</i> | How long <i>1 week</i> |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Dr. Giffith</i> |
| | Address <i>Upper Marlboro.</i> |
| Accident or Suicide? | <i>Yes</i> |



Name
in
Full

Edward Chittam

CERTIFICATE OF DEATH

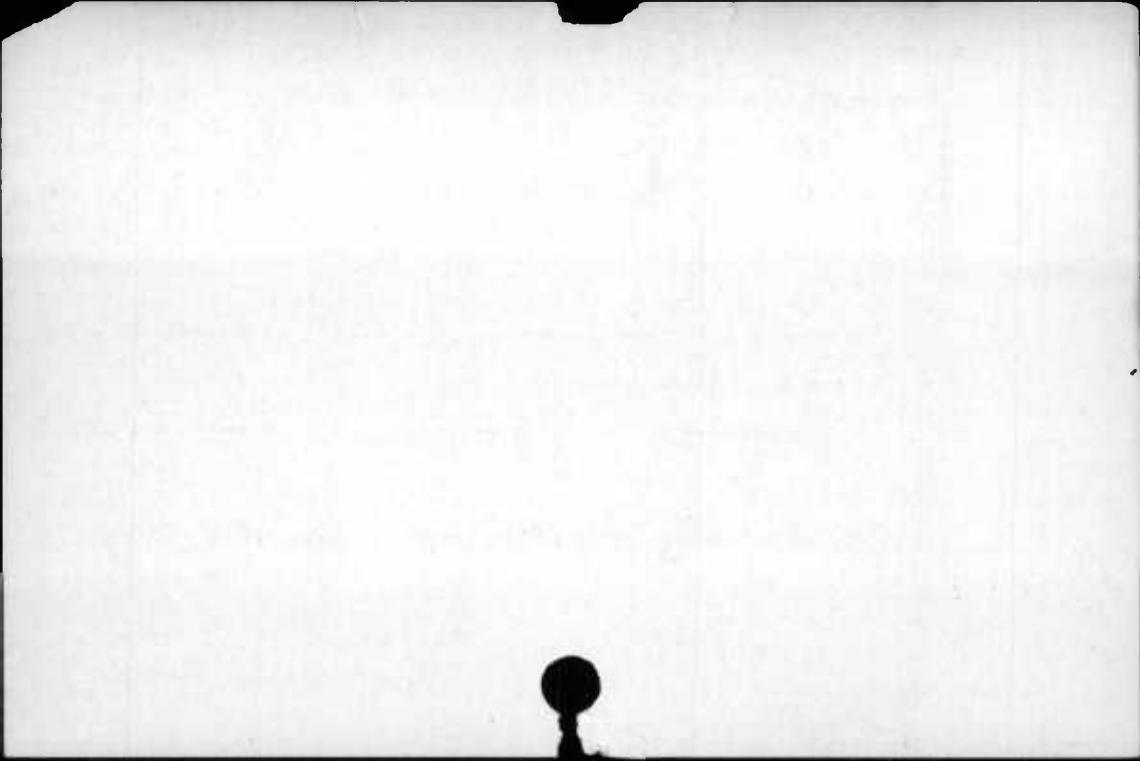
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--|---|-----|-------------------------|-------|----------|------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1906 | | Feb | 11 | 35 | | | |
| Sex | | Color or Race | | Birth-place | | | |
| Male | | Colored | | Maryland | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Laborer | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Married | | Ellen Campbell | | | | | |
| Father's Name | | Charles Chittam | | Father's Birthplace | | Maryland | |
| Mother's Maiden Name | | Sarah Jackson | | Mother's Birthplace | | Maryland | |
| Name of person giving information | | Charles Chittam | | How related to deceased | | Father | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

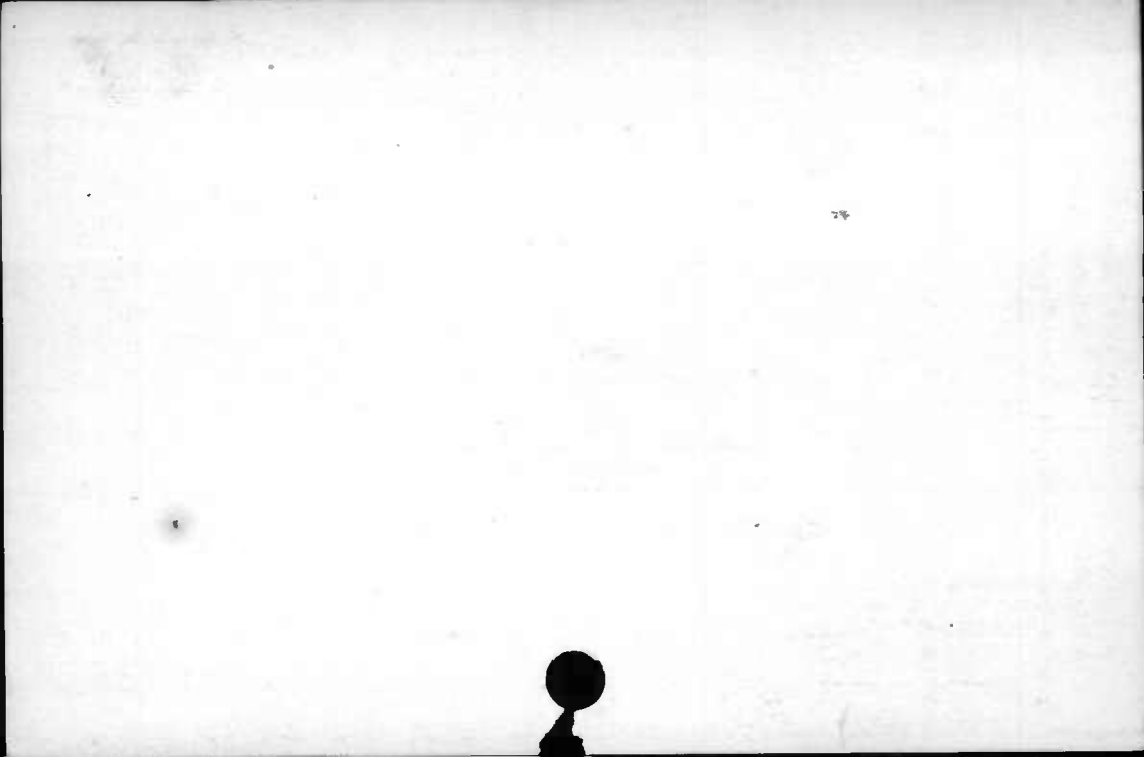
| | | | |
|--|------------------------|------------------------|-----------|
| Primary | Syphilis | How long | Not known |
| Immediate | Pulmonary Tuberculosis | How long | Not known |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes | | H. A. R. Walker | |
| | | Address | |
| | | Halls, Md. | |
| Accident or Suicide? | | | |



| Name in Full | | Town | | | | County | | CERTIFICATE OF DEATH | | | |
|--|--|----------------------------|--|---------------|-----|---|-------|------------------------|------|--|--|
| TO BE ANSWERED BY NEAREST FRIEND | | Died at <u>Woodmore</u> | | | | <u>Prince George</u> | | MARYLAND | | | |
| | | Date of death | | Month | Day | Age | Years | Months | Days | | |
| | | 1906 | | Feb | 17 | | | 10 | | | |
| | | Sex | | Color or Race | | Birthplace | | | | | |
| | | male | | Colored | | Maryland | | | | | |
| | | Occupation | | | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | | | | | |
| Father's Name | | <u>Edward Chittam</u> | | | | Father's Birthplace | | <u>Maryland</u> | | | |
| Mother's Maiden Name | | <u>Ellen Campbell</u> | | | | Mother's Birthplace | | <u>Maryland</u> | | | |
| Name of person giving information | | <u>Charles Chittam</u> | | | | How related to deceased | | <u>Grandfather</u> | | | |
| CAUSES OF DEATH | | | | | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | | | How long | | | | | |
| | | <u>Hereditary Syphilis</u> | | | | <u>36</u> | | <u>10 mos.</u> | | | |
| | | Immediate | | | | How long | | | | | |
| | | | | | | | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | | <u>Yes</u> | | | | Signature of Physician | | <u>Dr. A.R. Walker</u> | | | |
| | | | | | | Address | | <u>Halls, Md.</u> | | | |
| Accident or Suicide? | | <u>—</u> | | | | | | | | | |



| Name in Full | | Certificate of Death | | | |
|---|--|---|--|--|--|
| John A. Clark | | Died at <u>Switzland</u> <small>Town</small> | | County <u>Albany</u> | |
| | | Date of death <u>1906</u> <small>Month</small> <u>July</u> <small>Day</small> <u>21</u> | | Age <u>64</u> <small>Years</small> <u>—</u> <small>Months</small> <u>—</u> <small>Days</small> | |
| Sex <u>Male</u> | | Color or Race <u>White</u> | | Birth-place <u>Ind</u> | |
| Occupation <u>Officer</u> | | Where Residing if not at place of death <u>—</u> | | | |
| Married, <u>Yes</u> <u>Married</u> | | Name of Wife or Husband <u>A. Clark</u> | | | |
| Father's Name <u>Frank Clark</u> | | Father's Birthplace <u>Ind</u> | | | |
| Mother's Maiden Name <u>Vernellian</u> | | Mother's Birthplace <u>Ind</u> | | | |
| Name of person giving information <u>William J. J. J.</u> | | How related to deceased <u>None</u> | | | |
| CAUSES OF DEATH | | | | | |
| Primary <u>Letorrh of Stomach</u> | | How long <u>1 yr</u> | | | |
| Immediate <u>General Prostration</u> | | How long <u>—</u> | | | |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | | Signature of Physician <u>John E. S. S.</u> | | | |
| | | Address <u>Forrestville</u> | | | |
| Accident or Suicide? <u>Neither</u> | | <u>Ind</u> | | | |



Name
in
Full

Coates.

CERTIFICATE OF DEATH

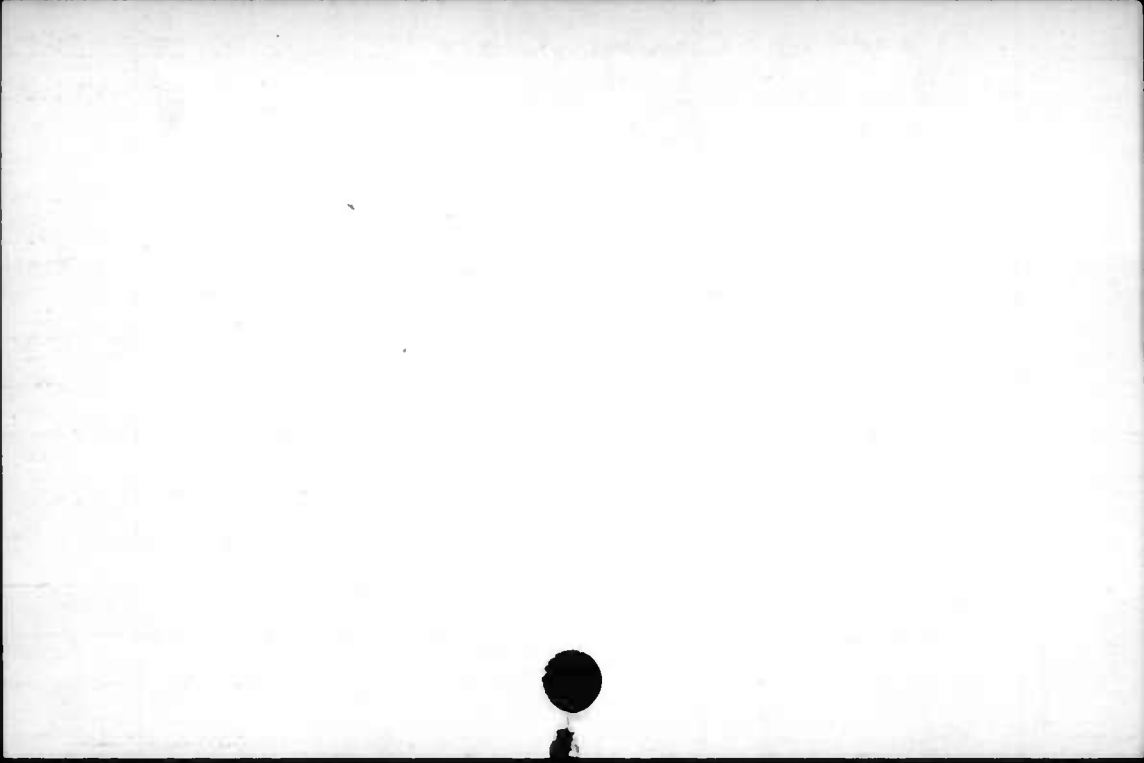
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|--------|-------|---|-----------------|--------|-------------------------|----------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1906 | | 2 | 7 | Age Still birth | | | |
| Sex | female | | Color or Race | Colored | | Birth-place | J.B. Md. |
| Occupation | | | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | | | |
| Father's Name | | | not known. | | | Father's Birthplace | |
| Mother's Maiden Name | | | Carrie Coates | | | Mother's Birthplace | |
| Name of person giving information | | | Celilia Young | | | How related to deceased | |
| | | | | | | great grandmother | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------|---------------------------------|--|
| Primary | Still birth | How long | |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes. | | acting coroner, Wm. H. Squires, | |
| | | Address | |
| | | Brandywine, Pr. Geo. Co. | |
| | | Md. | |
| Accident or Suicide? | | | |



Name
in
Full

James Enos Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---------------------------------------|--|---|--------------|--|-------------|------------------------------------|-----------|
| Died at | | Town Leeland | | County Prince George | | MARYLAND | |
| Date of death | | 1906 | Month Feb | Day 16 | Years 75 | Months - | Days - |
| Sex Male | | Color or Race White | | Birth- place Maryland | | | |
| Occupation Farmer | | Where Residing if not at place of death - | | | | | |
| Married, Single or Widowed | | Married | | Name of Wife or Husband Mary Burgess | | | |
| Father's Name | | James Enos Cook | | | | Father's Birthplace Maryland | |
| Mother's Maiden Name | | Ruth Fuller | | | | Mother's Birthplace Maryland | |
| Name of person giving In formation | | Mary Burgess | | | | How related to deceased Wife | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|-----------------|--------------------|--------|
| Primary | Lobar Pneumonia | How long | 5 days |
| Immediate | Cardiac failure | How long | 1 day |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | Dr. A. R. Staehlin | |
| Address | | Halls, Md | |
| Accident or Suicide? | | - | |



Name
in
Full

James Arthur Douglass

CERTIFICATE OF DEATH

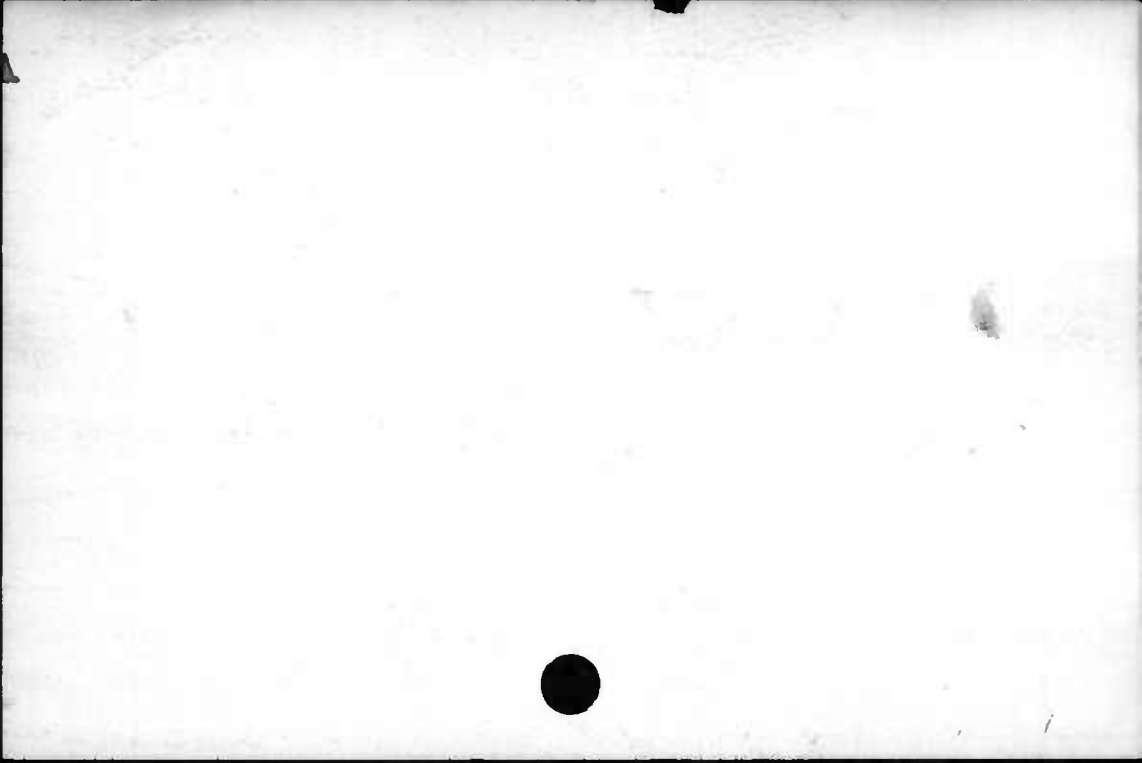
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|------------------|---|--|------------------------------|-----------------|----------|--|
| Died <i>near Aquasco</i> | | Town <i>Prince George</i> | | County | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>Feb</i> | Day <i>2</i> | Age <i>1</i> | Years | Months <i>6</i> | Days | |
| Sex <i>male</i> | | Color or Race <i>Mulatto</i> | | Birth-place <i>Maryland.</i> | | | |
| Occupation <i>none</i> | | | Where Residing if not at place of death <i>at place of death</i> | | | | |
| Married, Single, or Widowed <i>Single</i> | | Name of Wife or Husband <i>Wat Douglass</i> | | | | | |
| Father's Name <i>Wat Douglass</i> | | Father's Birthplace <i>Maryland</i> | | | | | |
| Mother's Maiden Name <i>Ida Douglass</i> | | Mother's Birthplace <i>Maryland</i> | | | | | |
| Name of person giving information <i>Hilton Chisley</i> | | How related to deceased <i>mother's 2nd husband</i> | | | | | |

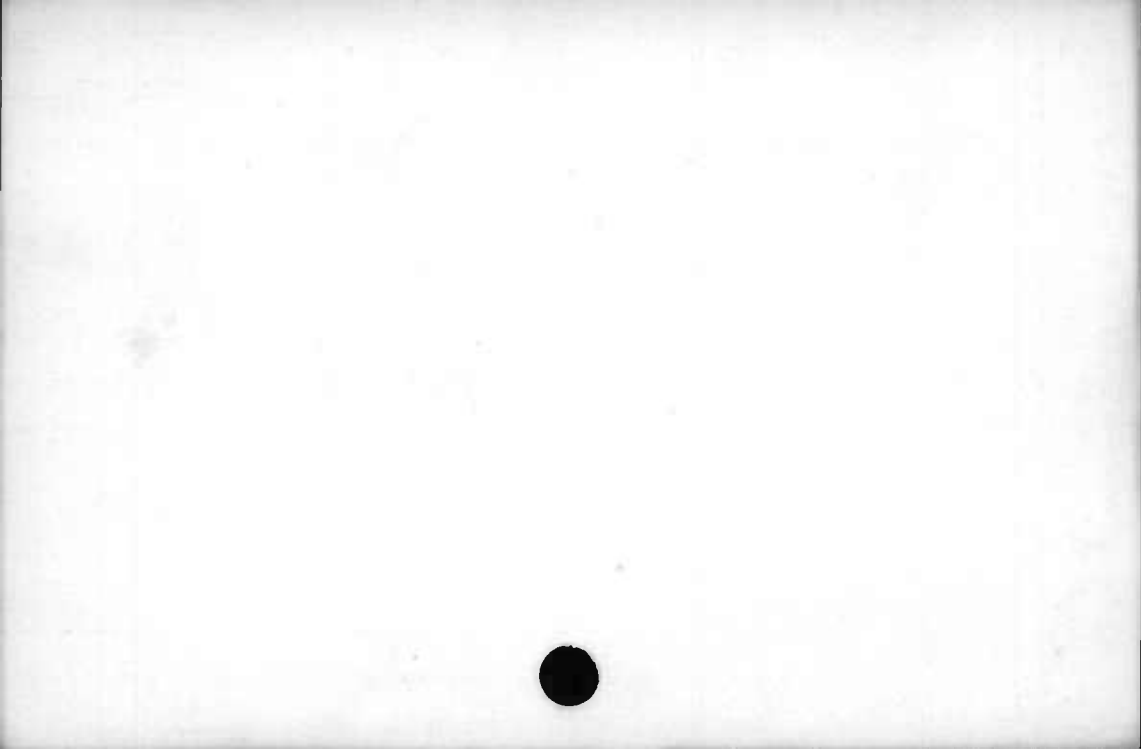
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Inflammation of bowels last summer sick ever since</i> | How long <i>about 8 or 9 months</i> |
| Immediate <i>Influenza</i> | How long <i>2 months</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>M. A. Marbury M.D.</i> |
| | Address <i>Aquasco, Maryland.</i> |
| Accident or Suicide? <i>No</i> | |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|---|----------------------|---|--|-----------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Bladensburg</i> | | Town <i>Prince Georges</i> | | County |
| | Date of death <i>1906 Feb 4</i> | | Month <i>Feb</i> Day <i>4</i> | | Age <i>62</i> |
| | Sex <i>Woman</i> | | Color or Race <i>White</i> | | Birth-place <i>MD</i> |
| | Occupation <i>at home</i> | | Where Residing if not at place of death <input checked="" type="checkbox"/> | | |
| | Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>Wm J Dutton</i> | | |
| | Father's Name <i>Clemens</i> | | Father's Birthplace <i>MD</i> | | |
| | Mother's Maiden Name | | Mother's Birthplace <i>MD</i> | | |
| PHYSICIAN OR CORONER | Name of person giving information <i>Wm J Dutton</i> | | How related to deceased <i>Son</i> | | |
| | CAUSES OF DEATH | | | | |
| PHYSICIAN OR CORONER | Primary <i>Chronic Bronchitis</i> | | How long <i>Since 11-20-05</i> | | |
| | Immediate <i>Cardiac Weakness</i> | | How long <i>2 months</i> | | |
| | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>L Perry</i> | | |
| | Address <i>Hyalandville MD</i> | |  | | |
| Accident or Suicide? <i>No</i> | | | | | |



Name
In
Full

Leonard Berry Early

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | |
|---------------------------------------|--|--------------------|--|--|--|----------|--|-----------------|--|
| Died at | | Town Brandywine | | P. S. | | County | | MARYLAND | |
| Date of death | | 1906 | | Month 2 | | Day 7 | | Age 1 | |
| Sex | | male | | Color or Race | | white | | Birth- place | |
| Occupation | | | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | | | |
| Father's Name | | W. W. Early | | Father's Birthplace | | Ind | | | |
| Mother's Maiden Name | | Mama H Keeder | | Mother's Birthplace | | Ind | | | |
| Name of person giving In formation | | W. W. Early | | How related to deceased | | Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | | | | | |
|---|--|------------------------------|--|---------------------------|--|-------------|--|
| Primary | | Scarlet fever & complication | | How long | | 18 days | |
| Immediate | | General sepsis & exhaustion | | How long | | 48 hours | |
| Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | John A. Coe | |
| | | | | Address | | I.B. | |
| Accident or Suicide? | | | | | | Ind | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

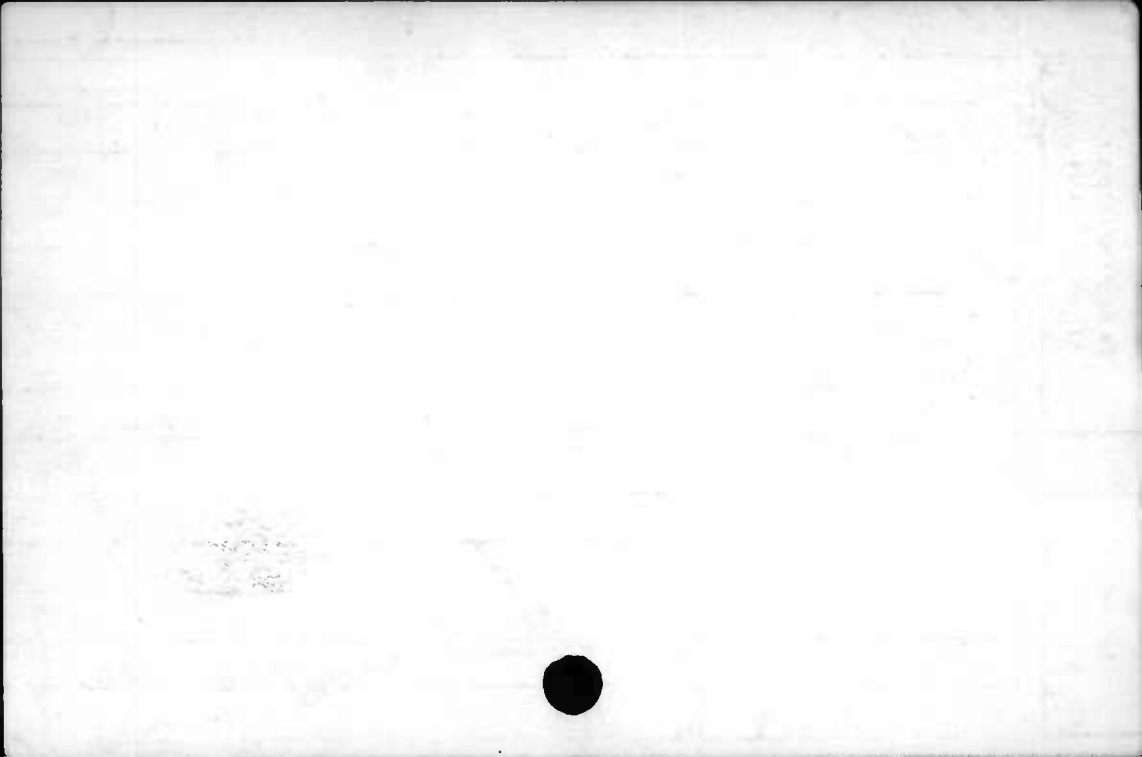
MARYLAND

| | | | | | | | |
|-----------------------------------|-----------|-------------------------|-------|---|--------|-------------------------|--|
| Died at | | Town | | County | | | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1906 | | Feb | 13 | Age 75 | | | |
| Sex | Male | Color or Race | White | Birth-place | | A. G. Co | |
| Occupation | Machinist | | | Where Residing if not at place of death | | | |
| | | | | Laurel | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Yes | | | | | | | |
| Father's Name | | Alfred Fairall | | | | Father's Birthplace | |
| | | | | | | A. G. Co | |
| Mother's Maiden Name | | Saxie Malouze | | | | Mother's Birthplace | |
| | | | | | | A. G. Co | |
| Name of person giving information | | William Fairall | | | | How related to deceased | |
| | | | | | | Son | |

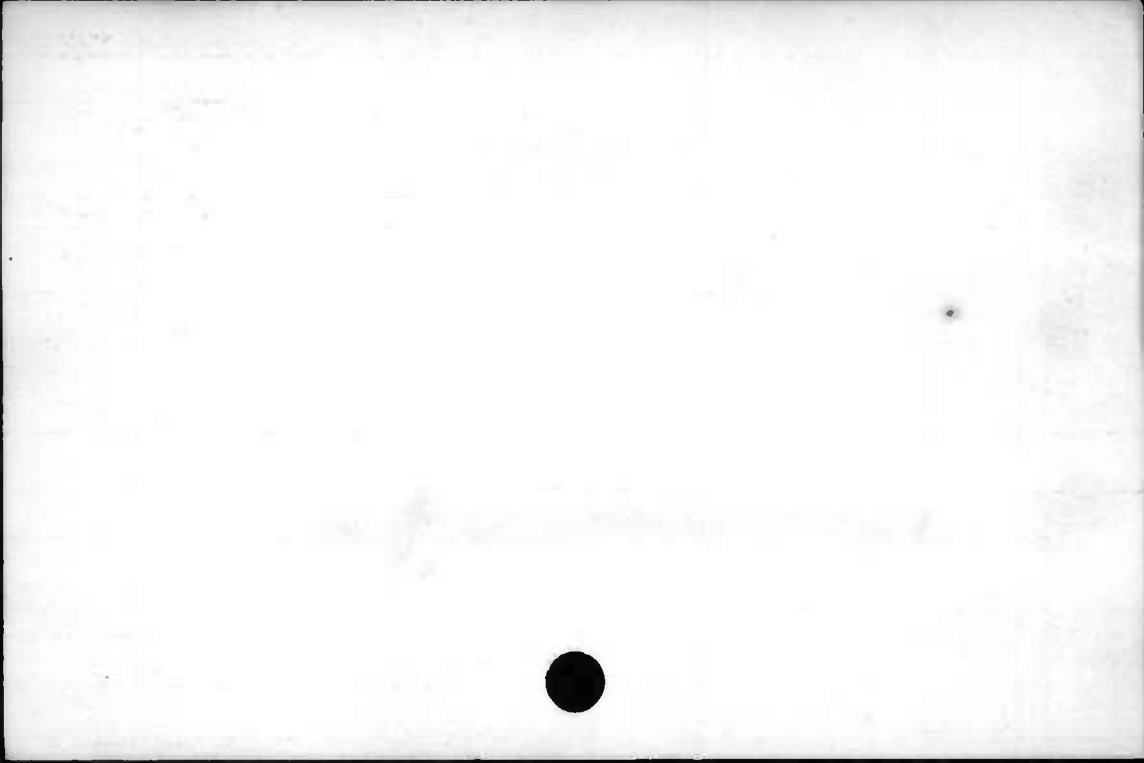
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------|------------------------|---------|
| Primary | Information of Age | How long | 3 Years |
| Immediate | Paralysis | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | John Cronin M.D. | |
| | | Address | |
| | | Laurel | |
| Accident or Suicide? | | No | |



| Name in Full | | Gibbs County | | | | CERTIFICATE OF DEATH | |
|---|---|-------------------------------|----------------------------------|---|---|----------------------|------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <u>Tuxedo</u> Town | | <u>Prisco</u> County | | MARYLAND | | |
| | Date of death | <u>1906</u> | Month <u>Feb</u> | Day <u>22</u> | Age _____ | Months _____ | Days <u>1</u> |
| | Sex <u>Female</u> | Color or Race <u>White</u> | | | Birth-place <u>Tuxedo</u> | | |
| | Occupation _____ | | | | Where Residing if not at place of death _____ | | |
| | Married, Single or Widowed <u>Single</u> | | Name of Wife or Husband _____ | | | | |
| | Father's Name <u>Unknown</u> | | | | Father's Birthplace <u>Unknown</u> | | |
| | Mother's Maiden Name <u>Nettie Sebastian Gibbs</u> | | | | Mother's Birthplace <u>Miss. U.S.A</u> | | |
| Name of person giving information <u>Mrs H. Gibbs</u> | | | | How related to deceased <u>Grandfather</u> | | | |
| <div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary <u>Cardiac failure</u> | | | | How long <u>from birth</u> how long | | |
| | Immediate | | | | | | |
| | Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | | | | Signature of Physician <u>Dr. W. H. H. H. H.</u> | | |
| | Address <u>Hyattonville</u> <u>Ma</u> | | | | | | |
| Accident or Suicide? <u>Neither</u> | | | | | | | |



Name in Full

Certificate of Death

Mary J. Godman

Town

County

Died at

2nd Rainer

Pr. Geo

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 18906

Feb

16

Age

76-5-17

Md

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

2

~~Husband~~

of

John Thomas Godman

Wife

Father's

Name

Tom Godman

Mother's

Name

Elizabeth Godman

Cause of

Primary

General Debility

How long sick

sitting some time

Death

Immediate

Exhaustion

154

Accident, Suicide, Homicide

Reported by

J. C. Ohlendorf M.D.

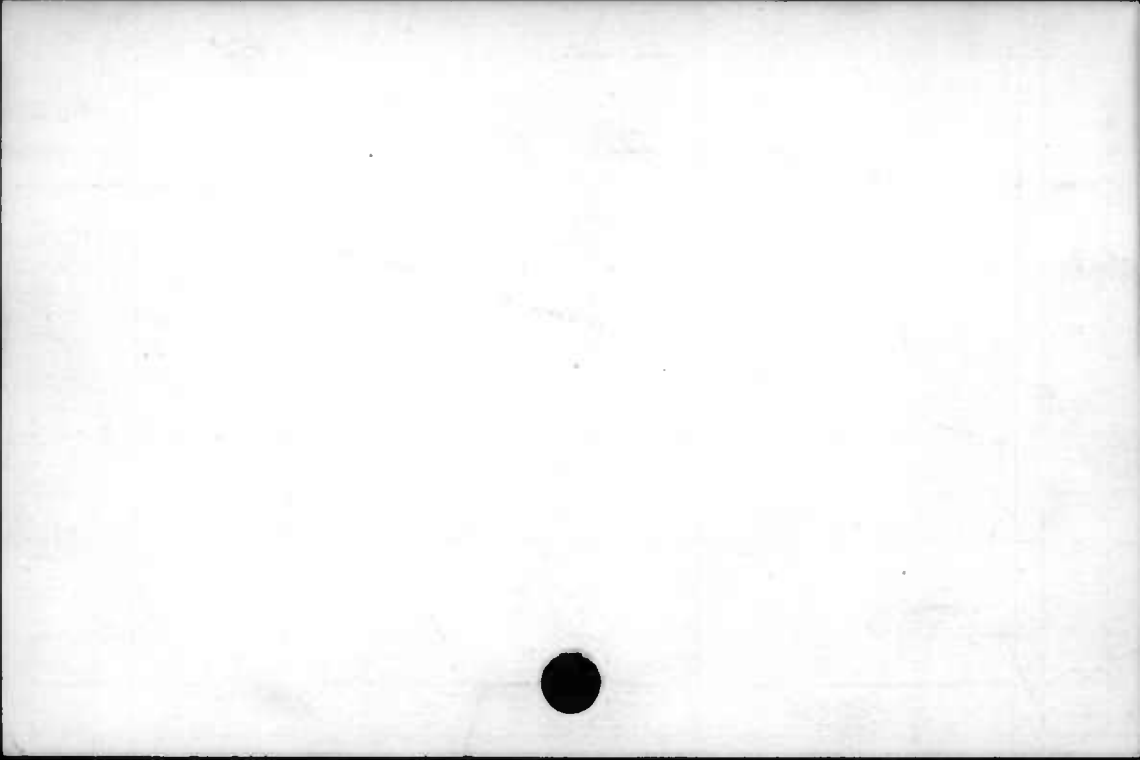
Address

Brentwood, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name in Full | | Margaret King Goldsborough | | | | CERTIFICATE OF DEATH | |
|---|--|--|--|--------------------------|----------------------------------|-------------------------|-----------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town <i>Laurel</i> | | County <i>Prince George</i> | | STATE <i>MARYLAND</i> |
| | Date of death | | 1906 | Month <i>February</i> | Day <i>fourth</i> | Age <i>Eighty</i> Years | Months Days |
| | Sex <i>Female</i> | | Color or Race <i>White</i> | | Birthplace <i>Baltimore City</i> | | |
| | Occupation <i>None</i> | | Where Residing if not at place of death <i>Laurel</i> | | | | |
| | Married, Single or Widowed <i>Widowed</i> | | Name of Wife or Husband <i>The late A W Goldsborough</i> | | | | |
| | Father's Name <i>John King</i> | | Father's Birthplace <i>Philadelphia</i> | | | | |
| PHYSICIAN OR CORONER | Mother's Maiden Name <i>Neslin Stauffer</i> | | Mother's Birthplace <i>Baltimore City</i> | | | | |
| | Name of person giving information <i>Wm T Morgan</i> | | How related to deceased <i>Son in Law</i> | | | | |
| | CAUSES OF DEATH 92 | | | | | | |
| | Primary <i>Lobular pneumonia</i> | | How long <i>6 days</i> | | | | |
| Immediate <i>Corduro failure.</i> | | How long <i>8 days.</i> | | | | | |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | | Signature of Physician <i>J H Ryer</i> | | Address <i>Laurel Md</i> | | | |
| Accident or Suicide? <input type="checkbox"/> | | | | | | | |



Name
in
Full

Harrison

(Infant)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|---|---|---|----------------|
| Died at <u>Switland, Md.</u> Town, <u>Pr. Geo. Co.</u> County | | MARYLAND | |
| Date of death <u>1906</u> Month <u>Feb'y.</u> Day <u>8th</u> | Age <u> </u> Years | Months <u> </u> | Days <u>21</u> |
| Sex <u>Female</u> | Color or Race <u>White</u> | Birth-place <u>Switland, Md.</u> | |
| Occupation <u> </u> | | Where Residing if not at place of death <u> </u> | |
| Married, Single or Widowed <u> </u> | Name of Wife or Husband <u> </u> | | |
| Father's Name <u>James Loran Harrison</u> | Father's Birthplace <u>Richmond Co. Va.</u> | | |
| Mother's Maiden Name <u>Renie Thompson</u> | Mother's Birthplace <u>Mont. Co. Md.</u> | | |
| Name of person giving information <u>Murill Harrison</u> | How related to deceased <u>Niece</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <u>Paradox (Actus Monotonus)</u> | How long <u>21 days</u> |
| Immediate <u>Septicaemia (Umbilical)</u> | How long <u>16 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>A. N. Meloy, M.D.</u> |
| | Address <u>Good Hope, D.C.</u> |
| Accident or Suicide? <u> </u> | <u>Arce</u> |

Mr. Cox.

July 8th 1906.

My dear Sir:

In the absence of any
~~Maryland~~ law referring to the report of
deaths I call your attention to the fact
that I have not seen this infant since the
4th inst. and that this death certificate is
issued on knowledge gained at that visit & in-
formation of Mr. Merrill Harrison given this 8th inst.
Whether a burial permit can be issued under the
law & circumstances I leave to you.

Truly yours,
A. H. Welch, M.D.

Name
in
Full

Margaret Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|---|--|----------------------------|---------------|----------------|-----------------|---------------|
| Died at ^{Town} <u>Mitchellville</u> ^{County} <u>Prince George</u> | | MARYLAND | | | | |
| Date of death <u>1906</u> | Month <u>Feb</u> | Day <u>16</u> | Age <u>32</u> | Years <u>6</u> | Months <u>6</u> | Days <u>-</u> |
| Sex <u>Female</u> | Color or Race <u>Colored</u> | Birthplace <u>Maryland</u> | | | | |
| Occupation <u>Housewife</u> | Where Residing if not at place of death <u>—</u> | | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Truman Harrison</u> | | | | | |
| Father's Name <u>George Campbell</u> | Father's Birthplace <u>Maryland</u> | | | | | |
| Mother's Maiden Name <u>Jane Coates</u> | Mother's Birthplace <u>Maryland</u> | | | | | |
| Name of person giving information <u>Truman Harrison</u> | How related to deceased <u>Husband</u> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Bright's Disease</u> | How long <u>Not known</u> |
| <u>Uraemia</u> | How long <u>5 days</u> |
| Immediate | |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Dr. A. R. Walker</u> |
| | Address <u>Halls, Md.</u> |
| Accident or Suicide? <u>—</u> | |



Name in Full

Certificate of Death

James Hartley

Town

County

Died at

Mt. Rainier

Pr. Geo

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 18906

Feb 17

Age

76 5-27

England

Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

4

Husband

of

Mrs Betta P. Hartley

~~Wife~~

Father's

Name

Wm Hartley

Mother's

Name

Mary J Hartley

Cause of

Primary

Bulbar Paralysis Prog.

How long sick

3 mos

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. C. Olander M.D.

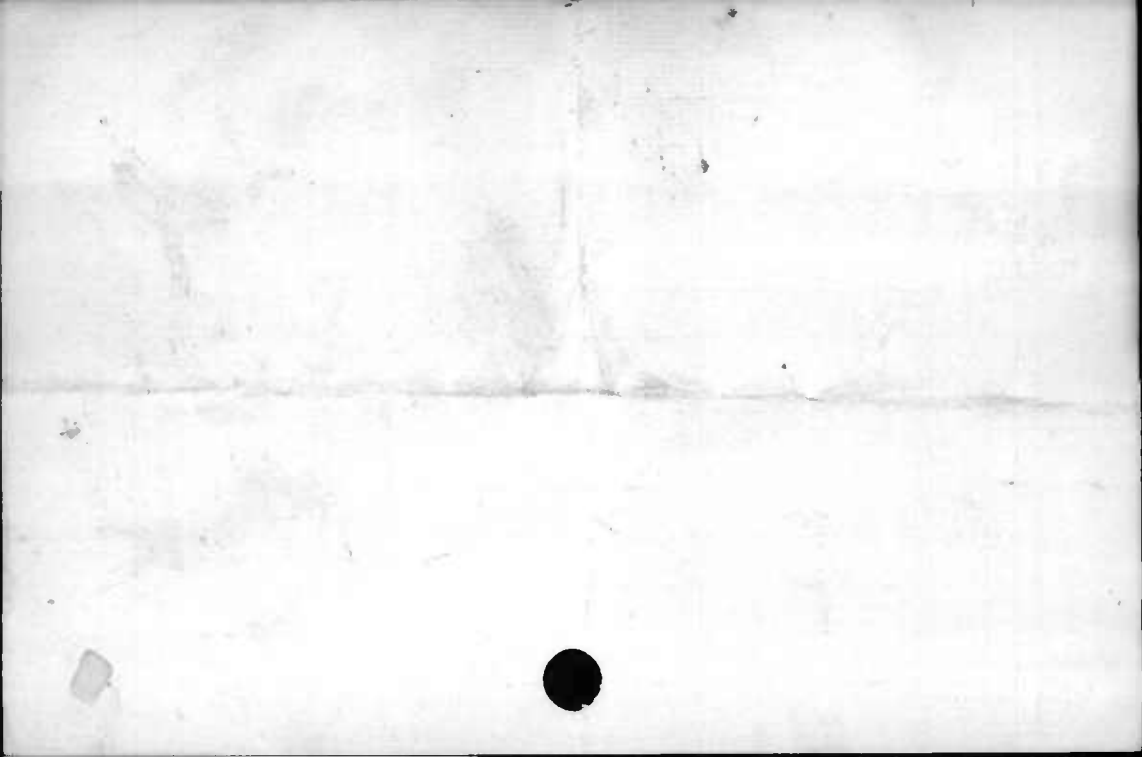
Address

Brentwood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



| Name in Full | | Ella Henson | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|------------------------------|-------------------------|--|----------------------|----------------------|---------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <u>Largo</u> Town | | <u>P.G.</u> County | | MARYLAND | | |
| | Date of death | <u>1906</u> | Month <u>2</u> | Day <u>10</u> | Years <u>35</u> | Months <u>—</u> | Days <u>—</u> |
| | Sex | <u>Female</u> | | Color or Race | <u>Colored</u> | | |
| | Occupation | <u>Domestic</u> | | Where Residing if not at place of death <u>—</u> | | | |
| | Married, Single or Widowed | <u>married</u> | | Name of Wife or Husband | <u>Edward Henson</u> | | |
| | Father's Name | <u>Thomas Butler</u> | | Father's Birthplace | <u>md</u> | | |
| | Mother's Maiden Name | <u>not known</u> | | Mother's Birthplace | <u>—</u> | | |
| Name of person giving information | <u>Edward Henson</u> | | How related to deceased | <u>Husband</u> | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | <u>Periperal Convulsions</u> | | | How long | <u>12 hrs.</u> | |
| | Immediate | <u>Dying when I arrived</u> | | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | | <u>yes</u> | | | |
| | Signature of Physician | | | <u>John B. Samsbury</u> | | | |
| | Address | | | <u>Lovestville Md.</u> | | | |
| Accident or Suicide? | | | <u>—</u> | | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

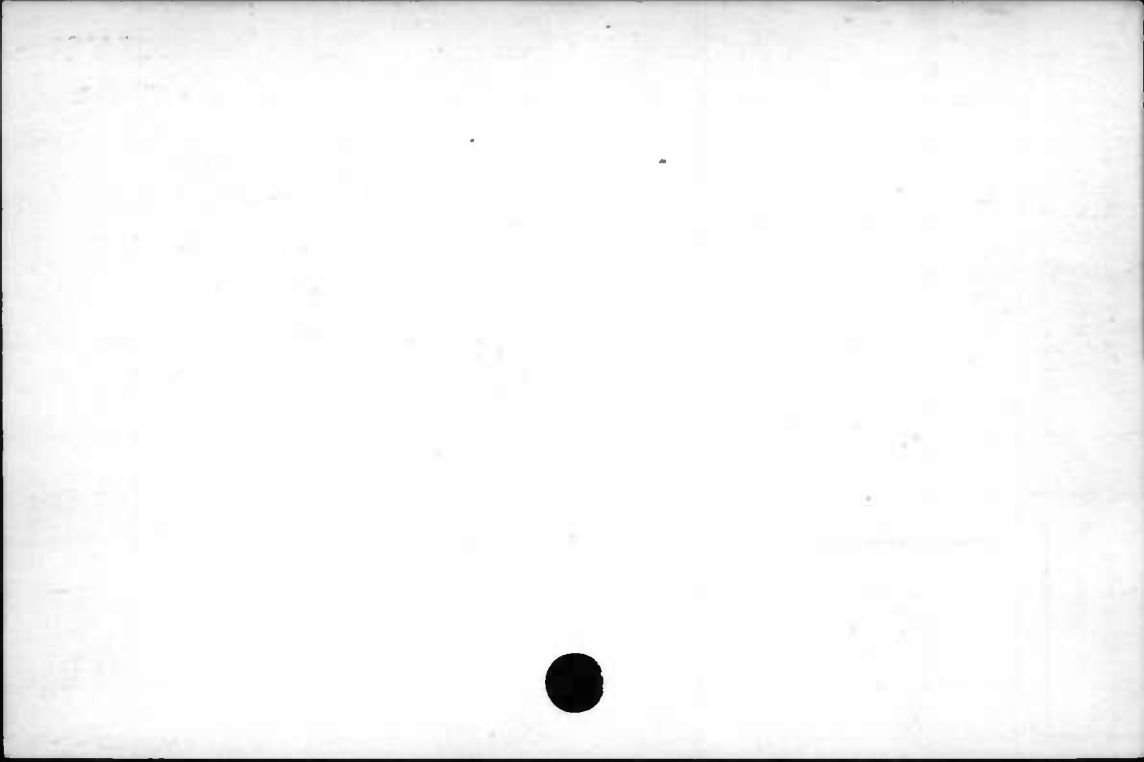
MARYLAND

| | | | | | | | | | | | |
|-----------------------------------|--|---------------------|--|---|--|--------------------|--|------------|--|-----------------------|--|
| Name in Full | | Hester Ann Hoffman. | | County | | Prince Georges Co. | | Died at | | "Abwick" near Laurel. | |
| Date of death | | 1906 Feb. | | Day | | 14 | | Age | | 73 | |
| Sex | | Female | | Color or Race | | White | | Birthplace | | Eaton Ohio | |
| Occupation | | Housewife | | Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | | Widowed | | Name of Wife or Husband | | John Hoffman. | | | | | |
| Father's Name | | Thomas Holmes | | Father's Birthplace | | Ohio | | | | | |
| Mother's Maiden Name | | Not known | | Mother's Birthplace | | Ohio | | | | | |
| Name of person giving information | | Alice B. Peters | | How related to deceased | | Daughter. | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------|--------------------------|------------|
| Primary | Stomach Poisoning | How long | 4 Months |
| Immediate | Pneumonia | How long | Nine days. |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | Wm E Ellicott Tyson M.D. | |
| Address | | Laurel Md. | |
| Accident or Suicide? | | | |



| | | | | | | | |
|-------------------------------------|--|--------------------|---------------------|---|-------------------------|----------------------|-------------|
| Name in Full | | Carrie Halland | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Chilteubana | County R. Geo | | MARYLAND | |
| | Date of death | 1906 | Month July | Day 27 | Years 19 | Months | Days |
| | Sex | Female | | Color or Race | Colored | | Birth-place |
| | Occupation | Housewife | | Where Residing if not at place of death | | Md | |
| | Married, Single or Widowed | Single | | Name of wife or Husband | | | |
| | Father's Name | Robert Halland | | | | Father's Birthplace | Md |
| | Mother's Maiden Name | Mary Johnson | | | | Mother's Birthplace | 11 |
| Name of person giving information | Robert Halland | | | | How related to deceased | father | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Pulmonary Phthisis | | | | How long | 6 months |
| | Immediate | | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | | | | Signature of Physician | | |
| | | | | | Address | | |
| | Accident or Suicide? | | | | | | |



Name
in
Full

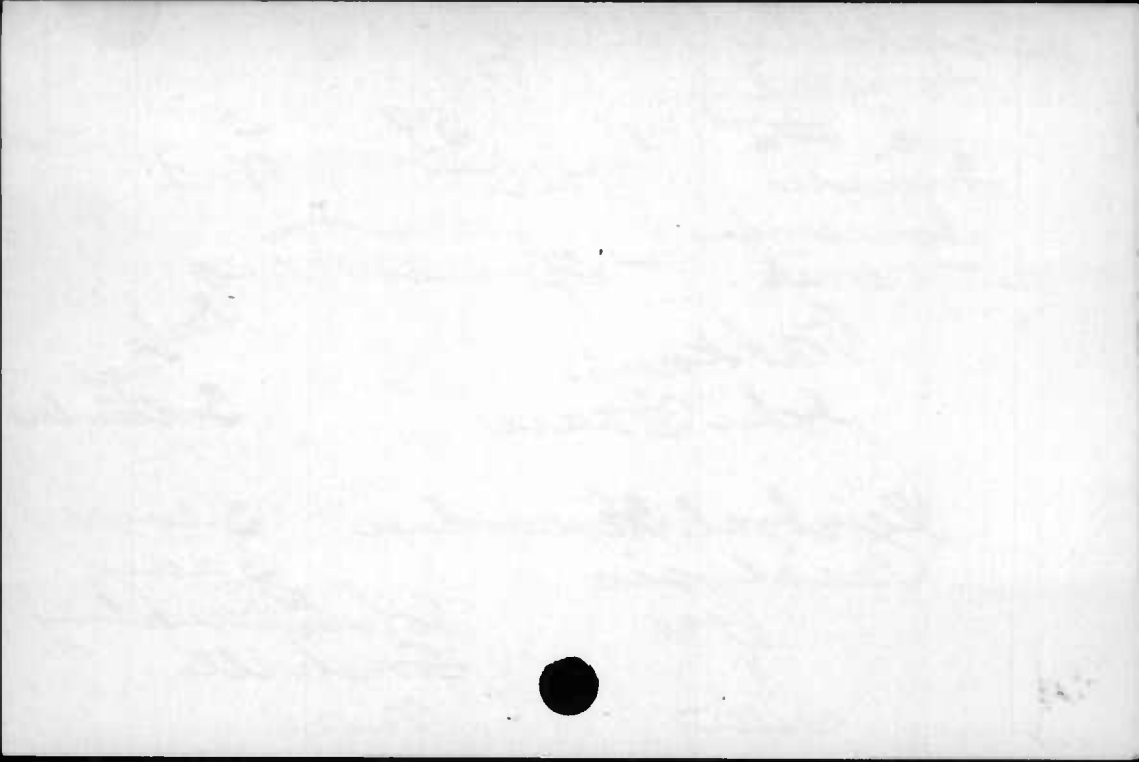
Christopher C. Hyatt

CERTIFICATE OF DEATH

| | | | | | |
|--|--|--|---|-----------------|---------------|
| Died at <i>Mitchellville</i> ^{Town} | | <i>Prince George</i> ^{County} | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>Feb</i> | Day <i>9</i> | Age <i>65</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>Farming</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Nannie Peach</i> | | | | |
| Father's Name <i>Christopher C. Hyatt</i> | Father's Birthplace <i>Maryland</i> | | Mother's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Catherine Culver</i> | Name of person giving Information <i>Herndon Peach</i> | | How related to deceased <i>Nephew</i> | | |

CAUSES OF DEATH

| | |
|---|---|
| Primary <i>Valvular Heart Disease</i> | How long <i>Immediate</i> |
| Immediate <i>"</i> | How long <i>"</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Dr. A.R. Walker</i> |
| | Address <i>Stalls, Ind.</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | | | |
|---|--|--------------------------------|-----------------------|---|-----------------|-----------------|---------------|
| Died at <i>Forestville</i> ^{Town} | | <i>P. O.</i> ^{County} | | | | | |
| Date of death | 1906 | Month <i>4</i> | Day <i>2nd</i> | Age <i>19</i> | Years <i>59</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>White</i> | | Birthplace <i>Md.</i> | | | | |
| Occupation <i>Housewife</i> | Where Residing if not at place of death | | | | | | |
| Married, Single <i>married</i> | Name of Wife <i>Thomas King</i> | | | | | | |
| Father's Name | <i>Don't know</i> | | | Father's Birthplace <i>Don't know</i> | | | |
| Mother's Maiden Name | <i>Don't know</i> | | | Mother's Birthplace <i>Don't know</i> | | | |
| Name of person giving information <i>John Frass</i> | | | | How related to deceased <i>Brother-in-law</i> | | | |

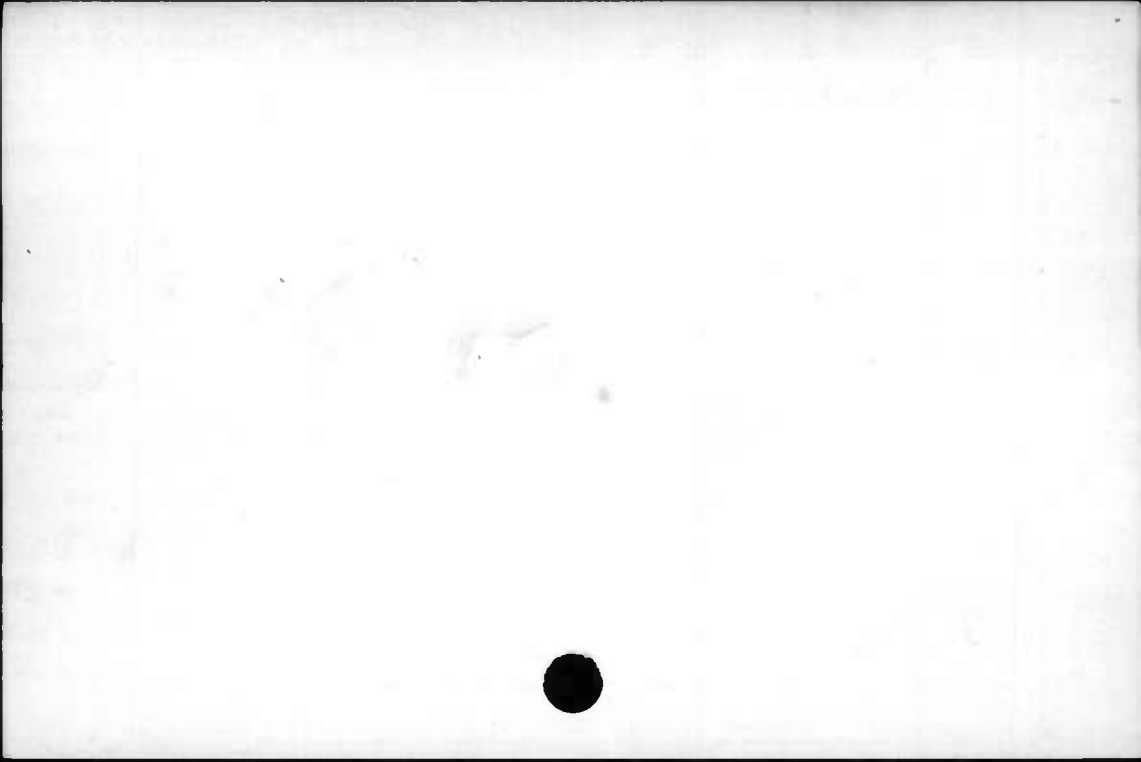
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Cerebral Hemorrhage</i> | How long <i>3 days</i> |
| Immediate <i>Paralysis</i> | How long <i>3 days</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>John E. Saubling</i> |
| | Address <i>Forestville Md</i> |
| Accident or Suicide? <i>neither</i> | |

Addition Chapt
J. Metals

| | | | | | | | |
|-------------------------------------|--|--|--|---|--|-------------------------|--|
| Name in Full | | Mary F. Lousless | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at Ritchie | | Town | | County | |
| | | Date of death 1906 | | Month Feb | | Day 7 | |
| | | Age 73 | | Years | | Months | |
| | | Sex Female | | Color or Race white | | Birthplace A. A. Co Md | |
| | | Occupation Housewife | | Where Residing if not at place of death | | | |
| | | Married, Single or Widowed widow | | Name of Wife or Husband | | | |
| PHYSICIAN OR CORONER | | FATHER'S NAME | | | | FATHER'S BIRTHPLACE | |
| | | MOTHER'S MAIDEN NAME | | | | MOTHER'S BIRTHPLACE | |
| | | NAME OF PERSON GIVING INFORMATION | | | | HOW RELATED TO DECEASED | |
| | | | | | | | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | | Primary | | | | How long | |
| | | Intestinal obstruction | | | | 4 days. | |
| | | Immediate | | | | How long | |
| | | Are the name, age, sex, color, date and place correctly given above? | | | | | |
| PHYSICIAN OR CORONER | | Signature of Physician | | | | Address | |
| | | J. H. Griffith | | | | Upper Marlboro Md | |
| | | Accident or Suicide? | | | | | |



Name
in
Full

Corilla Neems Mullikin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|---|-----------|----------------------|--------|----------|---------|
| Died at | | Town Mitchellville | | County Prince George | | MARYLAND | |
| Date of death | | 1906 | Month Feb | Day 8 | Age 72 | Months | Days 11 |
| Sex Female | | Color or Race White | | Birth-place Maryland | | | |
| Occupation Housewife | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Single | | Name of Wife or Husband | | | | | |
| Father's Name John B. Mullikin | | Father's Birthplace Maryland | | | | | |
| Mother's Maiden Name Mary Harlan Neems | | Mother's Birthplace Maryland | | | | | |
| Name of person giving information John M. Bowie | | How related to deceased Nephew | | | | | |

CAUSES OF DEATH

| | | | |
|--|--------------------|---|--------|
| Primary | Pleuritis Sicca | How long | 7 days |
| Immediate | Cardiac Exhaustion | How long | 3 days |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician Dr. A. R. Walker | |
| | | Address Halls, Md. | |
| Accident or Suicide? | | | |

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

| | | | | | |
|--|--|---------------------------------|---------------------------------------|--------------------------------|------------------------------|
| Died at <i>Silver Hill</i> <small>Town</small> | | <i>Pr</i> <small>County</small> | | | |
| Date of death <i>1906</i> | <i>2</i> <small>Month</small> | <i>4</i> <small>Day</small> | <i>36</i> <small>Years</small> | <i>—</i> <small>Months</small> | <i>—</i> <small>Days</small> |
| Sex <i>male</i> | Color or Race <i>colored</i> | | Birth-place <i>Md</i> | | |
| Occupation <i>Laborer</i> | Where Residing if not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>single</i> | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>Isaac Nichols</i> | <i>(4)</i> | | Father's Birthplace <i>Md</i> | | |
| Mother's Maiden Name <i>Sarah Anne</i> | | | Mother's Birthplace <i>Md</i> | | |
| Name of person giving information <i>Sarah A Nichols</i> | | | How related to deceased <i>Mother</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Billions Permittent Fever</i> | How long <i>7 weeks</i> |
| Immediate <i>Exhaustion</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>cp</i> | Signature of Physician <i>E. P. Simpson M.D.</i> |
| | Address <i>Rosecroft Md.</i> |
| Accident or Suicide? <i>—</i> | |



Name
in
Full

George Oden.

CERTIFICATE OF DEATH

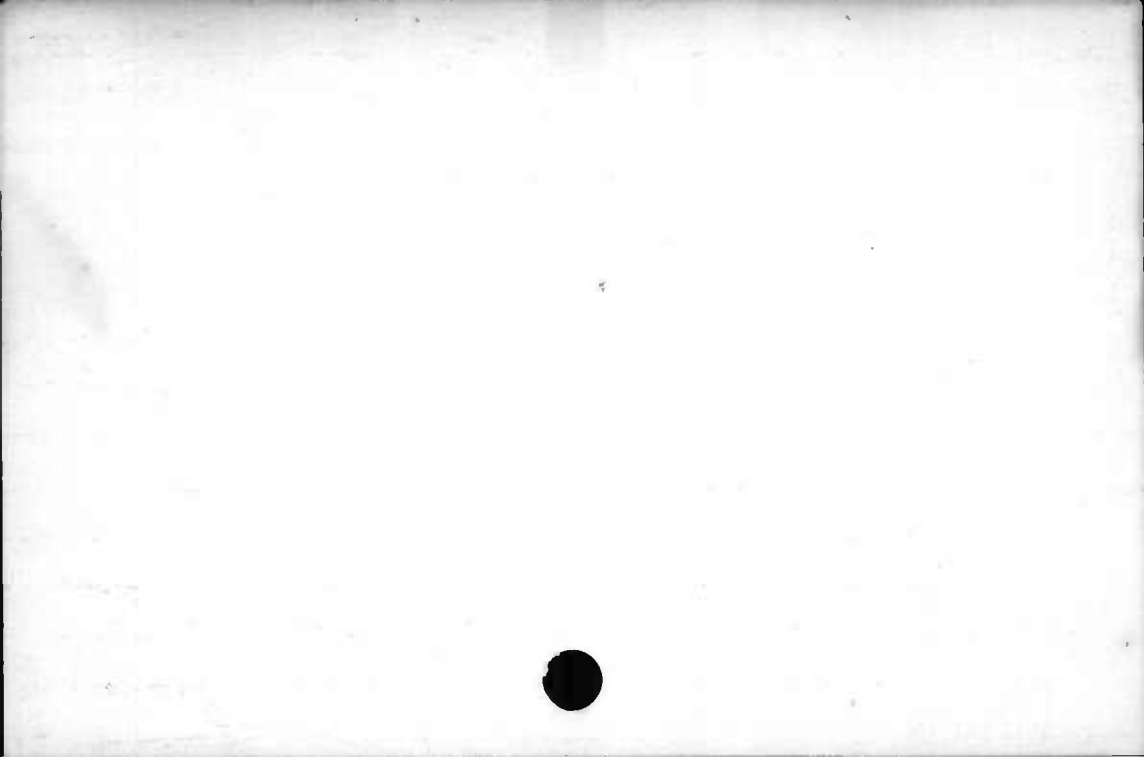
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|--|------------------------|-----------------|---------------|
| Died at <i>Brandywine</i> | | County <i>Pr. Geo.</i> | | MARYLAND | |
| Date of death <i>1906</i> | Month <i>2</i> | Day <i>13</i> | Age <i>41</i> | Months <i>—</i> | Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Md.</i> | | |
| Occupation <i>laborer</i> | | Where Residing if not at place of death <i>Same.</i> | | | |
| Married, Single or Widowed <i>Married</i> | Name of Wife or Husband <i>Susan Curtin</i> | | | | |
| Father's Name <i>George Henry Oden</i> | Father's Birthplace <i>Md.</i> | | | | |
| Mother's Maiden Name <i>Mary Blaggett</i> | Mother's Birthplace <i>do</i> | | | | |
| Name of person giving information <i>Jillie Oden</i> | | How related to deceased <i>Sister</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>two months</i> |
| Immediate <i>Exhaustion</i> | How long <i>12 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>J. P. Asling Coroner</i> |
| <i>yes</i> | Address <i>Brandywine Pr. Geo. Co. Md.</i> |
| Accident or Suicide? | |



Name in Full

Certificate of Death

Abraham Rosenfield

Town

County

C. G. Co.

MARYLAND

Died at

Bladenburg

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

6

Feb

6

Age

32-9.

N. Y.

R. R.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

E. N. Rosenfield

Mother's

Name

J. Rosenfield

Cause of

Primary

Locomotor ataxia

Death

Immediate

Paralysis of trunk

How long sick

5 years

Accident, Suicide, Homicide

Reported by

J. C. Oshendoff M.D.

Address

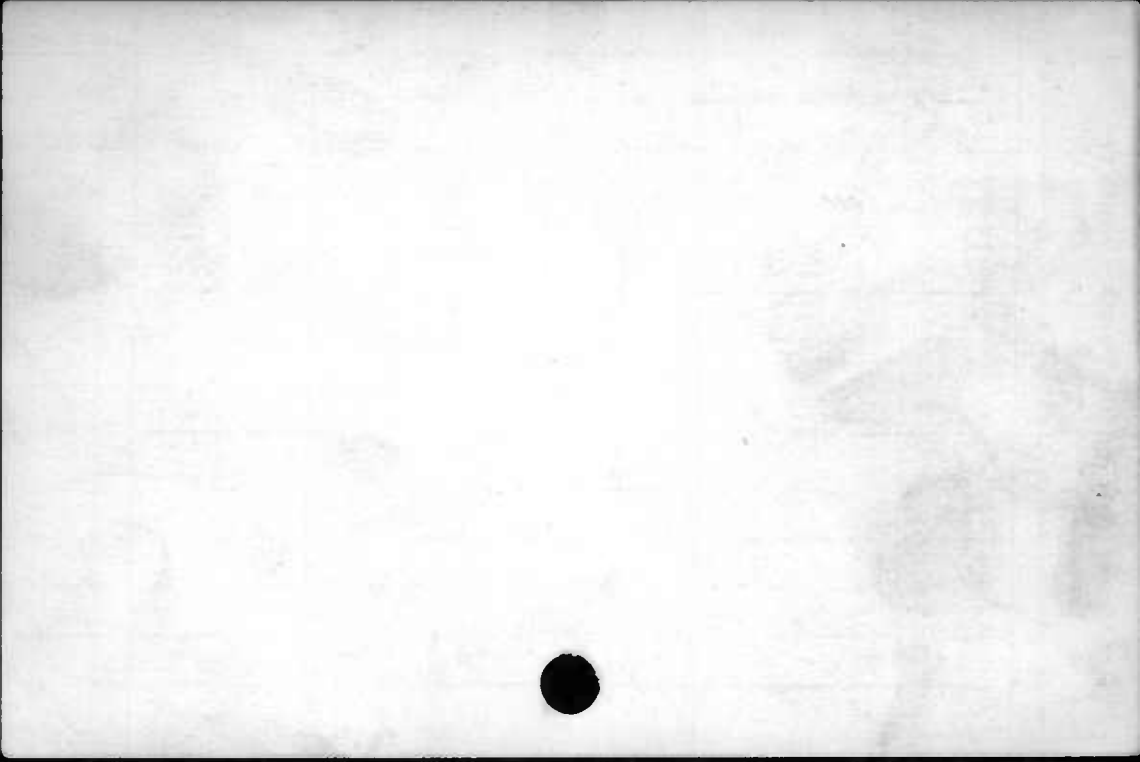
Brentwood, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



| | | | |
|--|--|---|--|
| Name in Full Garfield Ross | | CERTIFICATE OF DEATH | |
| Died at College Park <small>Town</small> | | Prince George's <small>County</small> | |
| Date of death 1906 July 18 | | Age 5 <small>Months</small> | |
| Sex Male | | Color or Race Colored | |
| Occupation — | | Birthplace College Park | |
| Married, Single or Widowed — | | Where Residing if not at place of death — | |
| Father's Name William Ross | | Father's Birthplace Ind | |
| Mother's Maiden Name Jane Barton | | Mother's Birthplace Ind | |
| Name of person giving information Wm Ross | | How related to deceased Father | |
| CAUSES OF DEATH | | | |
| Primary Cholera Infantum | | How long 3 weeks | |
| Immediate Yes | | How long — | |
| Are the name, age, sex, color, date and place correctly given above? Yes | | Signature of Physician A. J. Turner | |
| Accident or Suicide? — | | Address Berwyn Ind | |



Name
in
Full

Ida Ross

CERTIFICATE OF DEATH

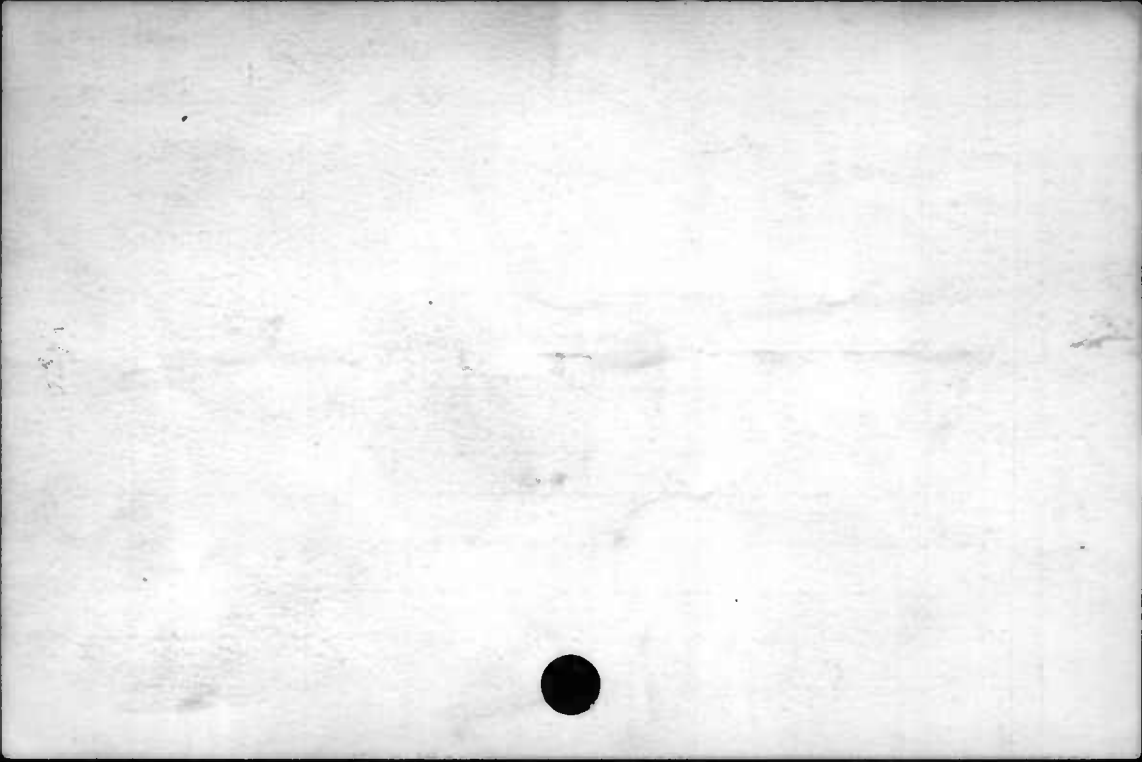
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | | | | | | | | | |
|-----------------------------------|--|--------------|-------|---|-----|----------|-----|-------------------------|-------|----------|------|----------|--|--|--|
| Died at | | College Park | | Prince George's | | MARYLAND | | | | | | | | | |
| Date of death | | 1906 | Month | July | Day | 27 | Age | 8 | Years | Months | Days | | | | |
| Sex | | Female | | Color or Race | | Colored | | Birth-place | | Maryland | | | | | |
| Occupation | | | | Where Residing if not at place of death | | | | | | | | | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | | | | | | | | | |
| Father's Name | | | | Wm Ross | | | | Father's Birthplace | | | | Maryland | | | |
| Mother's Maiden Name | | | | Jane Barton | | | | Mother's Birthplace | | | | Maryland | | | |
| Name of person giving information | | | | Wm Ross | | | | How related to deceased | | | | Father | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

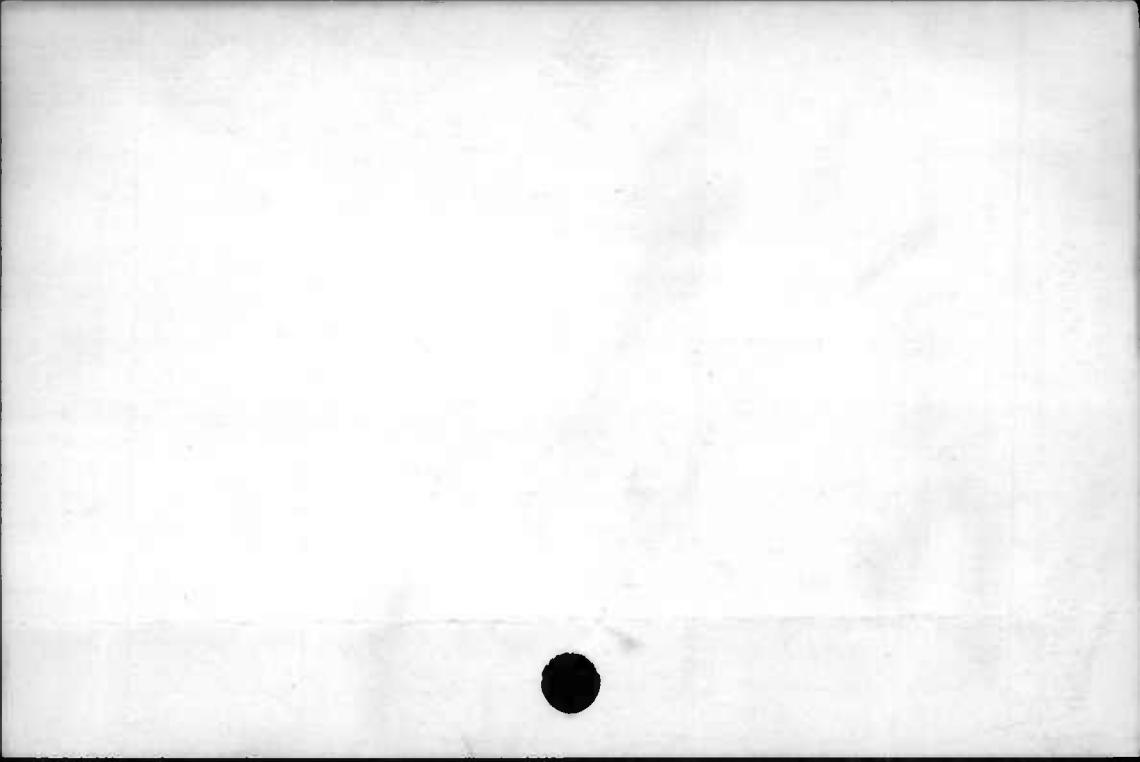
| | | | |
|--|------------------------|---------------|---------|
| Primary | Intestinal Obstruction | How long | 10 days |
| Immediate | Collapse | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | A. Etienne | |
| Address | | Baltimore Md. | |
| Accident or Suicide? | | | |



| Name in Full | | George W. Sakers | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|-----------------------|--------------|---|-------------------------|------------------------|----------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Hyattsville | | County Prince Georges | | MARYLAND | |
| | Date of death | 1906 | Month Feb | Day 5 | Years 43 | Months — | Days — |
| | Sex | Male | | Color or Race | White | | Birth-place |
| | Occupation | Blacksmith | | Where Residing if not at place of death | | Savage Md | |
| | Married, Single or Widowed | Married | | Name of Wife or Husband | | Unknown | |
| | Father's Name | Alexander Sakers | | | | Father's Birthplace | Savage Md |
| | Mother's Maiden Name | Mary E. Haslup | | | | Mother's Birthplace | Md |
| Name of person giving information | Alexander Sakers | | | | How related to deceased | Father | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Cerebral Abscess (74) | | | | How long | |
| | Immediate | Convulsions + Coma | | | | How long | |
| | Are the name, age, sex, color, date and place correctly given above? | Yes | | | | Signature of Physician | Isaac W. Ratner M.D. |
| | | | | | | Address | Hyattsville Md |
| | Accident or Suicide? | Neither | | | | | |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|---|---|--|-----------------------------|-------------------|-------------------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Lee Shorter</i> | | County <i>Prince George</i> | | MARYLAND |
| | Died at <i>Sat Pleasant</i> | | Age <i>6</i> | | Months <i>—</i> Days <i>—</i> |
| | Date of death <i>190</i> | Month <i>Aug</i> | Day <i>21</i> | | |
| | Sex <i>Male</i> | Color or Race <i>Caucasian</i> | Birth-place <i>MD</i> | | |
| | Occupation <i>None</i> | Where Residing if not at place of death <i>—</i> | | | |
| | Married, Single or Widowed <i>Single</i> | Name of Wife or Husband <i>—</i> | | | |
| | Father's Name <i>Robert Shorter</i> | Father's Birthplace <i>MD</i> | | | |
| Mother's Maiden Name <i>Lizzie Stewart</i> | Mother's Birthplace <i>MD</i> | | | | |
| Name of person giving information <i>Robert Shorter</i> | How related to deceased <i>Father</i> | | | | |
| CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | Primary <i>Not known</i> | (179) | | How long <i>—</i> | |
| | Immediate <i>Dead when I arrived</i> | | | How long <i>—</i> | |
| | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John E. Samsbury</i> | | | |
| | | Address <i>Irrosville</i> | | | |
| Accident or Suicide? <i>neither</i> | Place <i>Alles MD</i> | | | | |



Name
in
Full

Katherine E. Skinner

CERTIFICATE OF DEATH

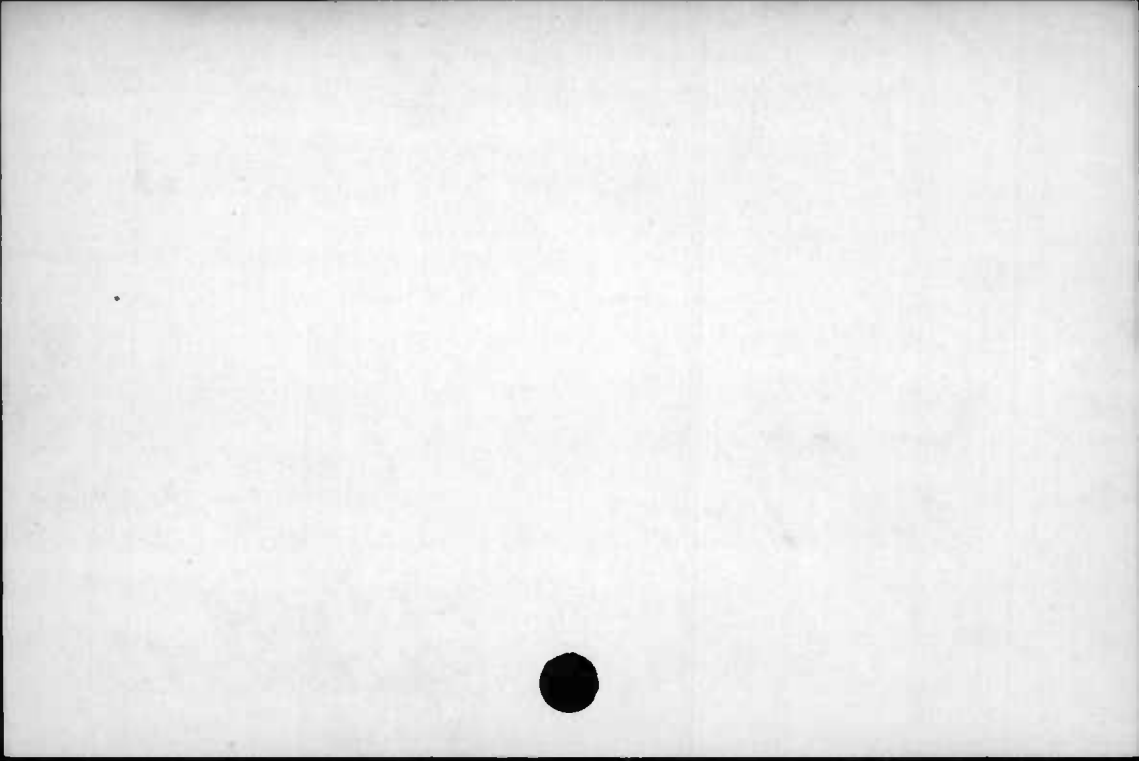
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|-----------------------------|----------|---|------------|-------------|-----------|
| Died at | | Town Oxon Hill | | County Pr. Geo. | | MARYLAND | |
| Date of death | | Month 1906 | Day 2 | Age 15 | Years — | Months 6 | Days 9 |
| Sex Female | | Color or Race Colored | | Birth- place Md | | | |
| Occupation — | | | | Where Residing if not at place of death — | | | |
| Married, Single or Widowed — | | | | Name of Wife or Husband — | | | |
| Father's Name Edward W. Skinner | | | | Father's Birthplace Md | | | |
| Mother's Maiden Name Harriet Hall | | | | Mother's Birthplace " | | | |
| Name of person giving In formation E. W. Skinner | | | | How related to deceased Father | | | |

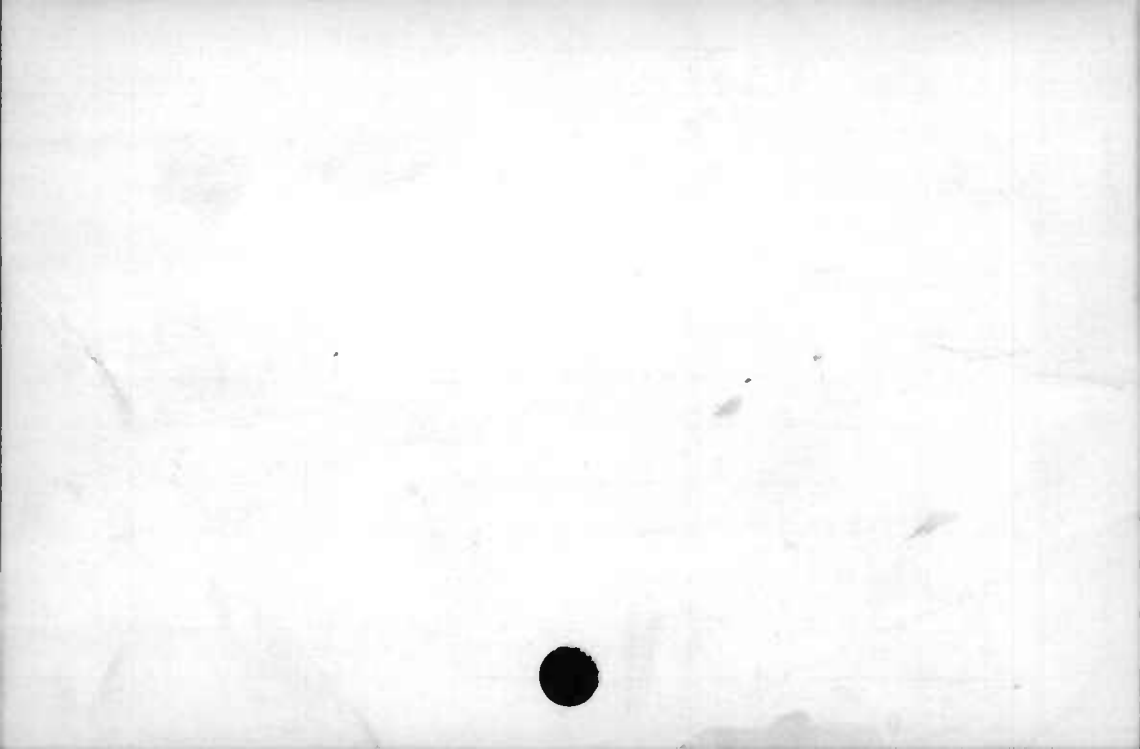
CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|-----------------------|--------------------|---------|
| Primary | Bronchitis | How long | 3 weeks |
| Immediate | Pneumonia (Bronchial) | How long | 6 days |
| Are the name, age, sex, color, date and place correctly given above? | | yes | |
| Signature of Physician | | E. P. Simpson M.D. | |
| Address | | Roeckhoff - Md. | |
| Accident or Suicide? | | | |



| | | | |
|---|---|---|--|
| Name in Full <i>Sophia Snell</i> | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Bladensburg</i> ^{Town} | | <i>Prince Geo</i> ^{County} |
| | Date of death <i>1906</i> ^{Month} <i>Febr.</i> ^{Day} <i>7</i> | | <i>48</i> ^{Years} ^{Months} <i></i> ^{Days} <i></i> |
| | Sex <i>Female</i> | | Color or Race <i>Colored</i> |
| | Occupation <i>Servant</i> | | Birth-place <i>Md.</i> |
| | Where Residing if not at place of death | | |
| | Married, Single or Widowed | | Name of Wife or Husband |
| | Father's Name <i>John Snell</i> | | Father's Birthplace <i>Md.</i> |
| Mother's Maiden Name <i>Mary Thomas</i> | | Mother's Birthplace <i>Md.</i> | |
| Name of person giving information <i>Mary Snell</i> | | How related to deceased <i>Mother</i> | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary <i>Nephritis</i> | <i>(120)</i> | How long <i>6 months</i> |
| | Immediate | | How long |
| | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>W. D. Perry</i> | |
| | | Address <i>Hyattsville</i> | |
| | Accident or Suicide? | | <i>Md.</i> |



Name
in
Full

CERTIFICATE OF DEATH

Mary J M Snoden

Town

County

Died at

East Riverdale

Prince Georges

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1904 Feb

25

Age

13

Sex

Female

Color or
Race

Colored

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Charles Snoden

Father's
Birthplace

Md

Mother's
Maiden Name

Julia Queen

Mother's
Birthplace

"

Name of person giving
information

Geo H Queen

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Pneumonia

How long

9 days

Immediate

apnea

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Surgeon Dr. Hammer

Address

Hyattsville

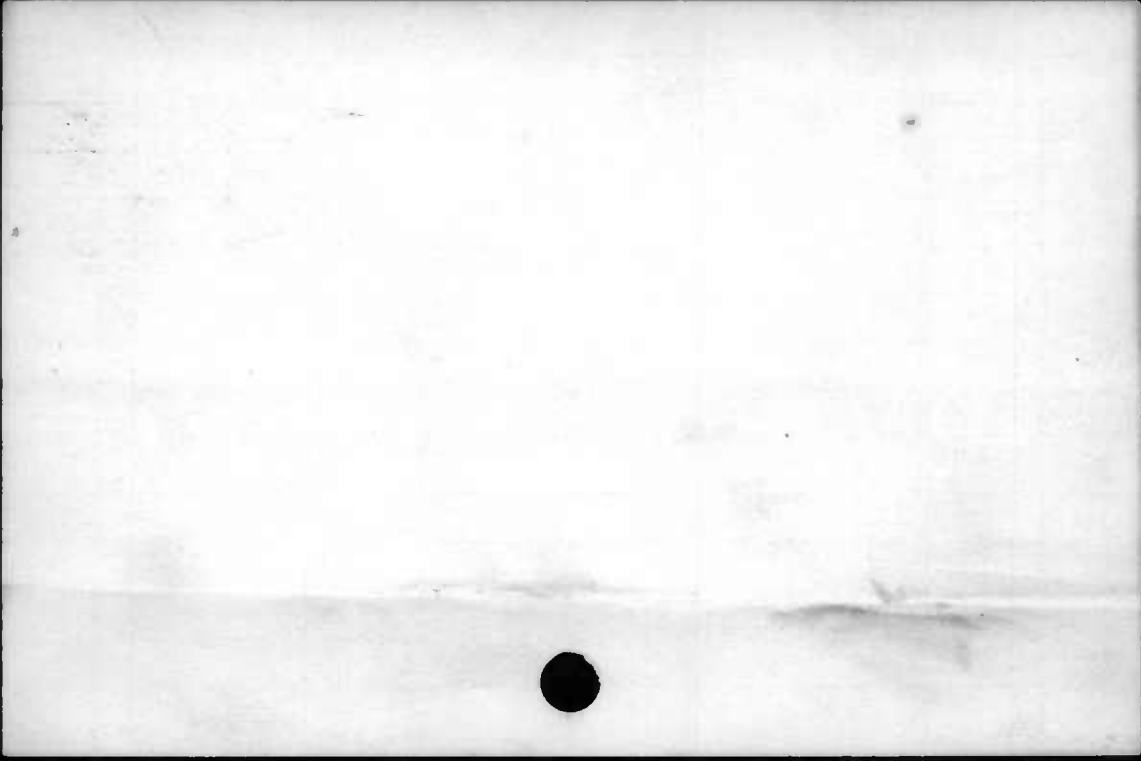
Accident or Suicide?

Neither

Md

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

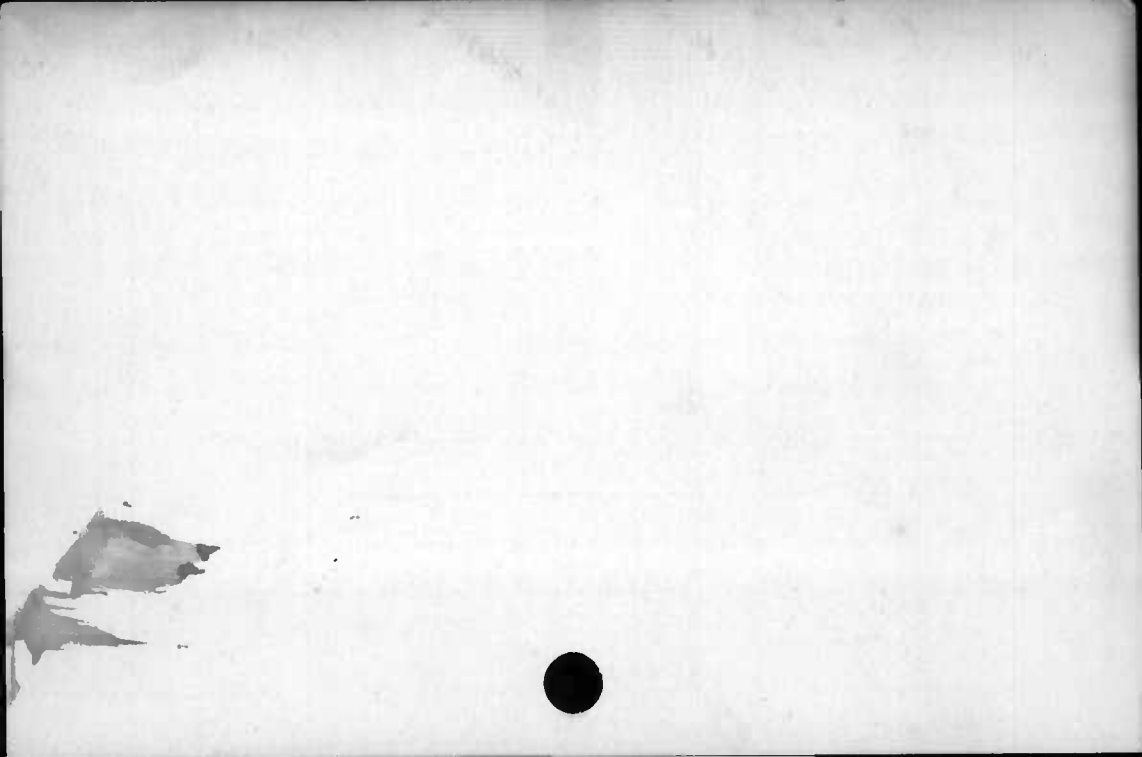
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|-----------------------------|-----------------------|--------------|-------------------------------------|
| Died at <i>Rosecroft</i> ^{Town} | | <i>Pr</i> ^{County} | | MARYLAND | |
| Date of death | 190 <i>6</i> | Month <i>2</i> | Day <i>26</i> | Age <i>1</i> | Years <i>8</i> Months <i>8</i> Days |
| Sex <i>Male</i> | Color or Race <i>Colored</i> | | Birth-place <i>Md</i> | | |
| Occupation <i>—</i> | Where Residing If not at place of death <i>—</i> | | | | |
| Married, Single or Widowed <i>—</i> | Name of Wife or Husband <i>—</i> | | | | |
| Father's Name <i>Arthur Thompson</i> | Father's Birthplace <i>Md</i> | | | | |
| Mother's Maiden Name <i>Ida Brown</i> | Mother's Birthplace <i>..</i> | | | | |
| Name of person giving information <i>Ida Brown</i> | How related to deceased <i>Mother</i> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Diphtheria</i> | How long <i>7 days</i> |
| Immediate <i>Dyspnoea</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>E. P. Simpson, M.D.</i> |
| | Address <i>Rosecroft, Md.</i> |
| Accident or Suicide? <i>—</i> | |



Name
In
Full

CERTIFICATE OF DEATH

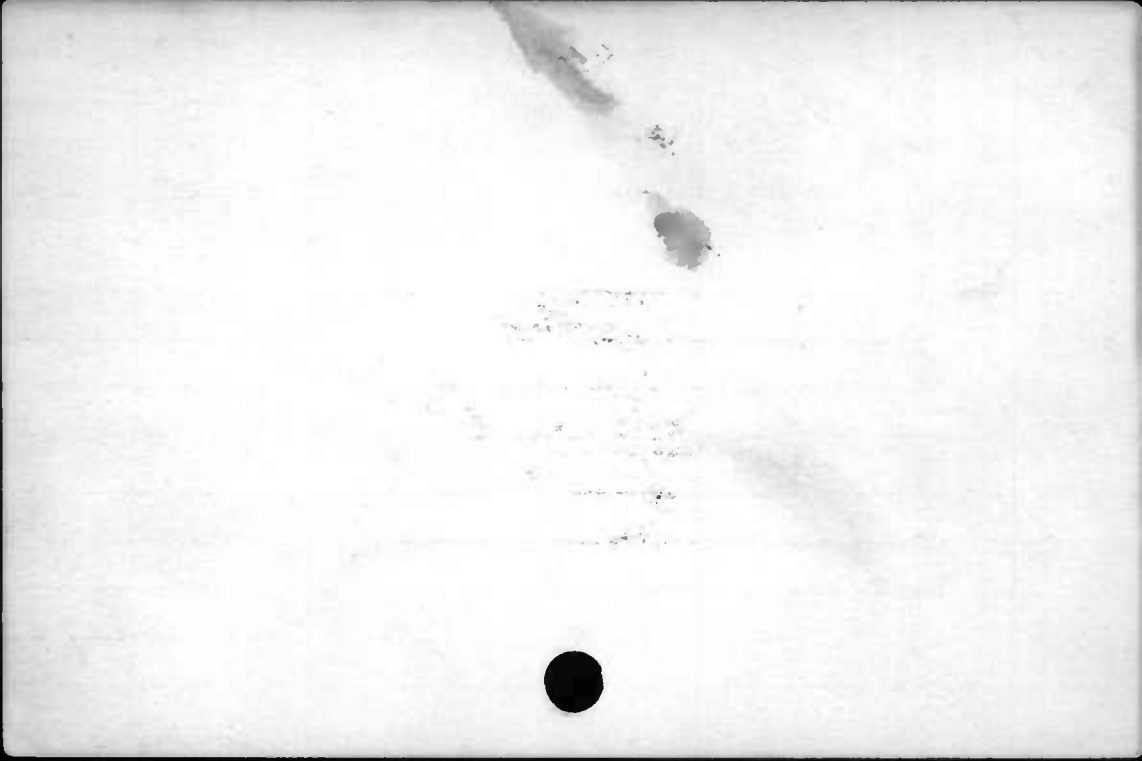
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|-----------------------------------|---------------------|-------|-------------------------|---|-------------------------|-------------|---------------|
| Died at | | Town | | County | | MARYLAND | |
| Date of death | | Month | Day | Years | Months | Days | |
| 1906 | | Feb. | Sixth | 94 | 4 | 17 | |
| Sex | Female | | Color or Race | White | | Birth-place | Baltimore Md. |
| Occupation | Teacher | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Single | | Name of Wife or Husband | | | | |
| Father's Name | William Tysow | | | | Father's Birthplace | | |
| Mother's Maiden Name | Elizabeth Ellicott. | | | | Mother's Birthplace | | |
| Name of person giving information | Leticia E. Tysow | | | | How related to deceased | | |
| | | | | Sister | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|--|-------------------------|------------------------|---------------------------|
| Primary | Bronchitis | How long | Five years |
| Immediate | Congestion of the Lungs | How long | one week. |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | W. E. Ellicott Tysow M.D. |
| | | Address | Laurel Md. |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. Melville Watson
 Died at *Pr. Cross* Town *Pr. Cross* County
 Date of death 1906 Month *2* Day *19* Age *49* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Pr. Cross*
 Married, Single or Widowed *Widower* Occupation *Farmer*
 Name of Wife or Husband *Agness Watson*
 Father's Name *Jos. Watson* Father's Birthplace *Pr. Cross*
 Mother's Maiden Name *Sarah Fleming* Mother's Birthplace *Aquasco*
 Name of person giving information *Ernest Fleming* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Phthisis Pulmonalis* How long *3 yrs.*
 Immediate *Exhaustion* How long *2*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. Morton Brown
Aquasco
Pr. Cross

Accident or Suicide?

No.

